



## CASE STUDY

## ANATOMY AND HOMOEOPATHY TREATMENT OF CARPEL TUNNEL SYNDROME: A CASE REPORT

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### Abstract

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This is a case report of a 35-year-old woman who was suffering from symptoms of the Carpal tunnel syndrome. After taking the detailed history, Rhus tox was prescribed to her. After taking the medicine, she felt improvement in the pain and numbness and the clinical signs of CTS such as Tinel's test, Phalen's test and Durkan's test have shown significant improvement. Treatment with allopathy medicines like pain killer or steroids along with supportive therapy like splinting provides only temporary relief. At last, patient may have to opt for decompressive surgery which has many surgical complications but on the other hand, treatment with homoeopathy medicine provides gentle and permanent cure to the patient.

### INTRODUCTION

Carpal tunnel syndrome (CTS) is most common compressive / pinching / nerve entrapment of median nerve of upper extremities affecting millions of people. It is more prevalent in females than males. Median nerve passes through the anatomical carpal tunnel which is present

at the anterior portion of the wrist. Due to compression of median nerve in the carpal tunnel, signs and symptoms of CTS are present. Compression of median nerve occurs due to increase in size of contents of the carpal tunnel or decrease in the size of the tunnel, causing shift from normal passageway result in compression and

neuropathy. Risk factors are obesity, diabetes, hypothyroidism, and pregnancy. Treatment with homeopathy medicine can treat the pain and other symptoms of neuropathy permanently. (1)

### **Anatomy**

Carpal tunnel is a canal which is a passageway from wrist to the hand. It is situated in the volar surface of the wrist. It consists of 8 carpal bones, 9 tendons and 1 nerve.

Boundaries of carpal tunnel are formed by the carpal bones and flexor retinaculum. Carpal bones form the floor of the carpal tunnel whereas flexor retinaculum forms the roof of the carpal tunnel. Deep carpal arch forms a concave surface which is converted into a tunnel by the overline flexor retinaculum. (These are the transverse carpal ligaments) Flexor retinaculum is inserted proximally to the tuberosity of scaphoid and pisiform bone and distally to the trapezium and hook of the hamate bone.

This tunnel serves as entrance to palm for several tendons and a median nerve. Flexor retinaculum is a thick connective tissue.

Lateral side of the carpal tunnel is formed by scaphoid and trapezium, whereas medial side is formed by hook of the hamate and pisiform bone.

Carpal tunnel consists of 9 muscular tendons i.e. – the flexor pollicis longus

(FPL), the four flexor digitorum superficialis (FDS) and the four flexor digitorum profundus (FDP). These all tendons are surrounded by synovial sheath. Eight tendons of FDS and FDP are surrounded by single synovial sheath and FPL is surrounded by its own synovial sheath. Free movements of tendons are due to presence of these sheaths. Median nerve passes through the carpal tunnel, after passing through the carpal tunnel distally, it divides into recurrent motor branches which supply to the muscles of the thenar compartment and four digital sensory branches which supplies to the Palmar skin and dorsal nail beds of the lateral three and a half digits. (2-7)

### **Causes of carpal tunnel syndrome (CTS)**

Conditions which decrease the size of the tunnel result in impingement of the median nerve are following:

- Mechanical overuse / Repetitive stress like typing, playing piano, wrist extension while riding bike
- Trauma – wrist injury, wrist fracture
- Osteoarthritis
- Inflammation of nearby tendons and tissues result in oedema (swelling) and increased fluid in the carpal tunnel which result in compression of the median nerve.

Conditions which increase the size of the contents within carpal tunnel result in

impingement of the median nerve are following:

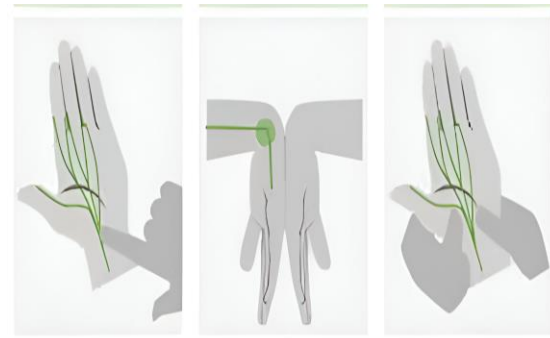
- Mass / tumors like ganglion, cysts etc
- Synovial sheath hypertrophy as in rheumatoid arthritis (8)

### Signs and Symptoms:

At initial stage there will be dull ache and discomfort will be felt in radial three and a half digits. Later on, there is pins and needle sensation along with numbness, paresthesia and sharp pain is felt in fingers and wrist. These symptoms are felt in fixed wrist activities during typing, bike driving, reading a book or a newspaper. Pain along with burning and tingling is aggravated at night after day of use. Pain is usually along the distribution of median nerve and later it may radiate to the forearms. Symptoms are often associated with waking the patients during their sleep and being worse in the morning. In chronic cases, wasting of thinner muscles result in weakness of hand and due to which grip strengths becomes weak, so holding things becomes troubling and difficult. Usually, unilateral hand is affected but, in some cases, both the hands are affected. (9)

### Diagnostic tests done at clinic by physician includes:

- Phalen's test
- Tinel's test
- Carpal Compression Test or Median Compression Test or Durkan's test (10)



Tinel's Test Phalen Sign Compression Test

### Figure 1: Diagnostic tests for Carpel Tunnel Syndrome

### Homoeopathy Treatment:

The selection of medicine is based upon the theory of individualization and symptoms similarity using a holistic approach. Homoeopathic medicines have shown good results for CTS. The medicine will be selected based on the constitution of patient. Some homoeopathy medicines for the treatment of psoriasis are Ruta, Rhus tox, Violo odorata, Arnica, Causticum, Guaicum, Hypericum. (15-20)

### PATIENT – CLINICAL OBSERVATION AND TREATMENT GIVEN:

Patient was a ~35-year-old female, complaining about pain in the right hand, specially in thumb, index finger and middle finger along with numbness, pins and needle sensation since past two years.

Pain was aggravated at night after overuse or after extensive use of computer causing disruption of her sleep. It also increases in rainy, damp weather. She has been taking allopathic medicine from a neighborhood

physician, only resulting in short term symptomatic relief.

Clinical test like Phalen's test and Tinel's test were performed. Both tests were found positive. Hence, confirming the compression of the median nerve

Rhus tox 30 twice a day for 7 days were prescribed. Patient, on follow up, informed about less pain at night. The prescription was repeated for the same duration. On follow up, patient was feeling much better and only complained about mild pain that too after overuse of computer. Now, Rhus tox 200 single dose was prescribed for 2 weeks. Patient was still having pain and stiffness, felt more during the morning. Rhus ox 200 single dose was again prescribed for four weeks. During follow up, patient was relieved of her pain.

### CONCLUSION

Homoeopathic medicines, which are natural and safe, work on the root cause of CTS and provide complete, effective healing and cure. Medicine selection is based on the totality of symptom and law of individualization after detailed case taking. For differential diagnosis of the CTS and for selection of homoeopathic medicine to achieve desirable results in patients, clinicians should have thorough knowledge of the anatomy of the CTS and its clinical relevance is of prime importance as other nerves like ulnar nerve

and radial nerve also supply muscles and skin of the hands.

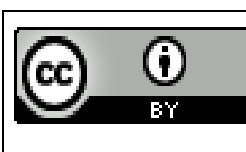
### REFERENCES

1. Genova A, Dix O, Saefan A, Thakur M, Hassan A. Carpal Tunnel Syndrome: A Review of Literature. *Cureus*. 2020 Mar 19;12(3):e7333.
2. Borley and Henry Gray, Gray's Anatomy: The Anatomical Basis of Clinical Practice. Churchill Livingstone/Elsevier
3. Jagannathan Jay, Sciatic Nerve Anatomy, Spine Health
4. Snell, R.S. Clinical Anatomy, 7th Edition, Lippincott Williams & Wilkins
5. Cunningham's Manual of Practical Anatomy, Upper and Lower Limb, 16th Edition
6. Singh, Inderbir. Textbook of Anatomy, 2nd Edition
7. Singh, Vishram. Textbook of Anatomy Abdomen and Lower Limb, 4th Edition
8. Lawrence M. Shuer, Carpal Tunnel Syndrome, American Association of Neurological Surgeons
9. NHS, UK, Carpal Tunnel Syndrome
10. MacDermid, Joy C, and Jean Wessel. "Clinical diagnosis of carpal tunnel syndrome: a systematic review." *Journal of hand therapy: official journal of the American*

- Society of Hand Therapists vol. 17,2 (2004)
11. Lamba CD, Gupta VK, van Haselen R. Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7
  12. Boericke W. *New Manual of Homoeopathic Materia Medica and Repertory*. New Delhi: B Jain Publishers; 2000. p. 520-3.
  13. Hering C. *The Guiding Symptoms of our Materia Medica*. Vol. 8. New Delhi: B Jain Publishers; 1984. p. 564.
  14. Hahnemann S. *The chronic diseases: Their peculiar nature and their homoeopathic cure: Theoretical part with word index*. New Delhi (India): B Jain Pvt. (Ltd); ©2005.
  15. Kent JT. *Lectures on Homoeopathic Philosophy*. Kolkata: Rup Publication; c2013.
  16. Lamba CD, Gupta VK, van Haselen R. Rutten L, Mahajan N, Molla AM, et al. Evaluation of the modified Naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy* 2020;109:191-7

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**Conflict of Interest: None**



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