

## Carpal Tunnel Syndrome treated with Homoeopathy- A Case Report

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### ABSTRACT:

Carpal tunnel syndrome (CTS) is the group of sign and symptoms which occurs due to the compression of median nerve in the carpal tunnel. *Homoeopathy* is frequently and successfully used in daily practice for this type of conditions. But we need well documented case reports that illustrate effectiveness of *Homoeopathy*. For this reason, this case report of CTS which was successfully managed by individualized *homoeopathic* medicine presented here. A woman aged 38 years has complained of pain with numbness and tingling sensation in the right hand specially on thumb and index finger since 3 years. The patient was treated with *Rhus toxicodendron* with increasing potencies (200, 1M). The treatment was completed over six months with significant improvement. The assessment of improvement was done using the shortened disabilities of the arm, shoulder and hand questionnaire (Quick DASH) score in every month and Outcome Related to Impact on Daily Living (ORIDL) scale in each follow up. At the beginning of the treatment Quick DASH score was 65.9 and at the end of treatment score was 11.4 and also in ORIDL scale result showing the positive result. The response of the *Homoeopathic* medicine was assessed through *Modified Naranjo Criteria for Homoeopathy* (MONARCH)-causal attribution inventory, which further elucidates the role of individualized medicine in *Homoeopathy*. The total score of +9 (in '-6 to 13' scale) of MONARCH suggested the likelihood of improvement was attributable to the *homoeopathic* intervention. This case report suggests that a correctly chosen individualized *homoeopathic* medicine can be beneficial in the treatment of Carpal tunnel syndrome.

**KEYWORDS:** Carpal tunnel syndrome, *Homoeopathy*, MONARCH, ORIDL, Quick DASH, *Rhus toxicodendron*

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**INTRODUCTION:**

Carpal tunnel syndrome (CTS) is a common medical ailment, which includes pain, numbness, and tingling in the hand, arm of the affected individual. When the median nerve is squeezed or compressed as it travels through the wrist, CTS occurs as a result. [1] In 1854, Sir James Paget was the first to report median nerve compression at the wrist in two cases and in 1938 "Carpal tunnel syndrome" name was coined by Moersch. [2-3] The carpal tunnel is an anatomical compartment located at the base of the palm. The carpal tunnel is encircled on three sides by the carpal bones that form an arch, and accommodates nine flexor tendons as well as the median nerve. The thumb, index finger, long finger, and half of the ring finger all receive feeling or sensation from the median nerve. The transverse carpal ligament, commonly known as the flexor retinaculum borders the anterior surface of the carpal tunnel from anatomical position. [2,4]

Women are more likely than men to experience CTS. An estimated 4% to 5% of people suffer from CTS worldwide, with the most susceptible population being elderly individuals aged between 40 and 60 years. [5] More frequent evaluations of the incidence of CTS notes its occurrence to be higher for women aged between 45 and 54 years, while the risk is larger for men aged between 75 and 84 years. [6] For instance, the UK General Practice Research Database in 2000 determined that the incidence of CTS was 88 per 100,000 in males, while in women; the incidence was 193 per 100,000. [7] CTS is a musculoskeletal disorder associated with work activity in the affected individuals, which is caused by strain and repetitive activity, making it a common problem across manual laborers. The risk factors include

individual factors such as- diabetes, pregnancy, hypothyroidism, obesity, complication of systematic diseases, tobacco, injury and occupational factors. [8]

Clinically, it is diagnosed by Tinel sign, Phalen's manoeuvre and Dunken test. [9] The two procedures used as the gold standard for diagnosis are- Electrophysiologically (EP) via nerve conduction studies and electrodiagnostically (ED) via ultrasonography of the wrist joint. However, many studies have raised the issue of the usefulness of the ED and EP tests in assessing CTS. [10,11]

In this, modern era occupational hazards are the most common problem. The most common conservative interventions in the management of CTS involve pain management and decreasing the symptoms of tingling, numbness and weakness. This is done by wrist splint or braces, different NSAID, or corticosteroid injection, electrotherapy modalities and exercises. Operative management involves decompression surgeries. Physiotherapy treatment involves tendon gliding exercises, which have been used since 1990 and has a beneficial effect in achieving mobility and reduction in symptoms of median nerve compression. [2,12,13]

*Homoeopathy* plays a vital role to manage various types of occupational diseases. Even, many patients are seeking alternative treatment due to concerns about side effects such as sleeplessness, irritability or psychological disturbance, as well as issues regarding long term safety of this medication. In *homoeopathy*, there is no specific remedy for CTS whereas we select the medicine by the individualistic approach considering the physical, mental, emotional, social background of the patient. We treat as a

whole, which acts on both mental and physical plane of the patient.

The case has been reported according to the criteria set out in the Hom-CASE (an extension to the *CARE guideline for homeopathic case report*) guideline. [14] There is paucity of studies on efficacy of homoeopathic medicines in CTS. The aim of the case report is to describe the management of CTS with the help of individualized *homoeopathic* medicine. The outcome of this case report may be helpful and encourage the professional colleagues to take up more and more research studies on this clinical condition.

**CASE REPORT:**

A 38 year old female patient came to our OPD, complaining of pain with numbness and tingling sensation in the right hand specially thumb, index finger for last 3 years. Complaints generally aggravated in cold, but numbness and tingling sensations are aggravated in the morning and while grasping anything respectively. Pain in the wrist is generally better on motion.

She was suffering from this problem for 3 years. At the beginning, pain with numbness and tingling sensation generally starts suddenly, goes away suddenly which lasts for only few seconds to few minutes. But, after 5-6 months intensity and frequency of the complaints was increased. The complaints were so severe, that she was unable to do her regular house-hold activities; can't carry the shopping bag with her right hand and even she felt discomfort while cutting the vegetable with a knife. Whenever complaints start, she generally takes medicine from shop without consulting a doctor. But, for the last 6 months, the problem was so severe that she

used to take medicines like NSAID regularly. Lastly, she came to our OPD on 16/04/2021. She suffered from dengue 5 years ago, took conventional medicine and recovered well. Her father was suffering from diabetes for 3 years. Her mother was a house-wife and has been suffering from rheumatism for 5 years. Both of them were currently under medication of modern medicines for their ailments. She was a house-wife and living in a joint family. She has two daughters and both were studying in school. Her husband was a school teacher. Her socio-economic status was good.

**Mental:**

She was affectionate with her family; always tried to make her family happy. She was very religious; everyday early morning she prayed to God. Without offering prayer she generally does not do any work. If anything wrong with her family, she believes that God is not happy with them. She generally hides her emotions; but easily gets anger. She had fear of darkness. She answered slowly whenever questioned. But she answered in detail without any hesitation.

**Physical general:**

She prefers hot weather. Her appetite was good with moderate thirst (1.5 liters/day). She had moderate sleep, and wakes up early in the morning. She had desire for cold drinks & no specific aversion but whenever she takes milk it aggravated her problems. Her mouth becomes dry, especially in the morning. Her perspiration, stool and urine were also normal. Menstruation was regular which lasts for 4-5 days (LMP: 11/04/2021).

**On examination:**

She was endomorphic, with a body mass index of 25.6kg/m<sup>2</sup>. BP- 130/80mm of Hg. There was no anemia, jaundice, cyanosis or edema; lymph nodes were not palpable.

**On local examination-** there was tingling sensation in the right side of the thumb and index finger whenever examiner tapping over the carpal tunnel. In addition, when examiner instructed her to compress the backs of both hands against each other, so that the wrists are flexed at 90° for 30 – 60seconds; she experienced tingling sensation over right thumb, index finger. Both the tests (Tinel's sign & Phalen's maneuver respectively) were found positive in the patient suggesting it was a case of Carpel tunnel syndrome (CTS). Furthermore, there was no sign of any swelling or inflammation. In addition, X-ray of right wrist joint was done on 20/04/2021 to rule out structural abnormality or fractures which found to be normal.

**Analysis of the case:**

After detailed case taking & analysis, the presenting complaints, signs & symptoms were evaluated to construct the totality. After evaluation of symptoms repertorization was done. The following characteristic mental symptoms as well as physical generals and particular symptoms were considered for totality.

- a) Fear at night with restlessness.
- b) Religious
- c) Answers slowly
- d) Desire for cold drinks

- e) Dryness of mouth, especially in the morning
- f) Intolerance to milk
- g) Pain in the right wrist > on motion
- h) Numbness and tingling sensation in the right hand, specially first finger and thumb
- i) Numbness of the finger <in the morning
- j) Tingling sensation of hand while grasping anything

**Diagnosis & Clinical assessment:**

The diagnosis of the case is based on the symptomatology and physical examination. Furthermore, on examination- Phalen's maneuver and Tinel's sign were found positive which helped to suggest that it was a case of Carpel tunnel syndrome.

The shortened disabilities of the arm, shoulder and hand questionnaire (QuickDASH) was used to assess the physical function in every month. It is an 11 item questionnaire on a 5-point likert scale (1 – 5), where 1 is for no difficulty and 5 for being unable. [15,16] There was marked reduction of **QuickDASH** score from 65.9 to 11.4 [Figure1]. The **ORIDL** scale records the assessment of response to the previous prescription on the main complaint as well as on general wellbeing on a numerical scale of -4 to +4. [17] ORIDL score of the case was given in Figure 2. The causal attribution was ascertained through Modified Naranjo Criteria for Homoeopathy, [18] the score was 8, which suggested a 'definite' causal attribution between the medicine and outcome [Table 1].

**Table- 1: Assessment of the case according to Modified Naranjo criteria for homeopathy inventory (MONRACH):**

Domain	Yes	No	Not sure or not available
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2√	-1	0
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1√	-2	0
Was there an initial aggravation of symptoms?	+1√	0	0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)	+1√	0	0
Did overall well-being improve? (suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1√	0	0
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0√	0
Direction of cure: (Did at least two of the following aspects apply to the order of improvement of symptoms) From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?	+1	0	0√
Did "old symptoms" (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement	+1	0√	0
Are there alternate causes (other than the medicine) that - with a high probability - could have caused the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1√	0
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc)	+2√	0	0
Did repeat dosing, if conducted, create similar clinical improvement	+1	0	0
<b>TOTAL SCORE: 9</b>			

**Table 2- Follow up details:**

Date of visit	Change of symptomatology	Treatment	Justification
16/04/2021 (1 <sup>st</sup> prescription)	<b>Presenting complaints:</b> Fear at night with restlessness, religious, answers slowly, desire for cold drinks, dryness of mouth, especially in the morning, intolerance to milk, pain in the right wrist >on motion, numbness and tingling sensation in the right hand, specially first finger and thumb, numbness of the finger<in the morning, tingling sensation of hand while grasping anything.	<i>Rhus toxicodendron</i> 200/2 doses, early morning for 2 days followed by placebo for 13days	Baseline prescription based on reportorial totality with consultation of Materia medica
03/05/2021	Pain and tingling sensation was increased in the last week; but numbness was improved and her appetite was good, sleep was adequate, stool was normal	Placebo for 15 days	Aggravation of the presenting complaint, but the patient was overall better. Medicine was allowed to act
19/05/2021	Complaints reduced from last week; sleep adequate, appetite was normal, urine was clear	Placebo for 15 days	To wait and allow the medicine to act
07/06/2021	From last week, intensity of pain and tingling sensation was so violent that she can't able to do her daily activity and she took some	<i>Rhus toxicodendron</i> 200/ 1dose	Again same symptoms reappear

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	conventional medicine without any consultation; her appetite was good, stool was normal, urine was clear, sleep was adequate		
23/06/2021	Complaints reduced; patient was happy and she was able to do her daily activity with some discomfort still persist and she looks very comfortable.	Placebo for 15 days	No new complaints; mild improvement occurs
09/07/2021	Mild improvement for last 15 days; overall better and she feels better	Placebo for 15 days	To wait and allow the medicine to act
26/07/2021	Improvement remain same, no changes at all.	<i>Rhus toxicodendron</i> 1 M/1 dose	Condition remain standstill; same medicine repeated but increase the potency due to the intensity of symptoms
11/08/2021	Moderate improvement; Tingling sensation slightly persist, overall better	Placebo for 15 days	No new complaints
27/08/2021	Slight discomfort feeling; she was very happy and cheerful in mood, overall better	Placebo for 15 days	Marked improvement
14/09/2021	Overall better	Placebo for 15 days	No new complaints
30/09/2021	All general symptoms are normal	Placebo for 15 days	No new complaints
09/10/2021	No pain, numbness, tingling sensation doing all household activity properly and drive his auto with no problem.	Placebo for 15 days	Marked improvement
22/10/2021	No new complaints; overall she was very happy	Placebo for one month	Advice to visit after six months or earlier if there is any complaints.

**THERAPEUTIC INTERVENTION:**

The symptoms of the patient was analyzed and evaluated. Fifteen symptoms which are prominent mental, physical and particular are taken into consideration for the formulation of the totality. The repertorization was done with the help of complete repertory in *HOMPATH CLASSIC 8.0* [19] software by the consideration of different rubric [Figure 3]. After repertorizing the case, *Rhus toxicodendron*, *Sulphur*, *Chamomilla*, *Lycopodium* were the leading medicines in this case. In the reportorial result *Rhus toxicodendron* and *Sulphur*, both obtained highest marks (i.e. 21). But after consulting *Homoeopathic Materia-Medica*, [20,21] medicine such as- *Sulphur*- a hot, dirty personality, aversion to bath, burning

sensation in nearly all complaints were not related with this case. Whereas, *Rhus toxicodendron* covered most of the symptoms like affection on tendons, chilly patient, complaints generally better on motion and aggravated in the morning, dryness of tongue. Thus *Rhus toxicodendron* seemed to be most suitable drug for this case. In the repertorization too, *Rhus toxicodendron* covered more symptoms than *Sulphur*. Fear at night with restlessness, religious, answers slowly, desire for cold drinks were also considered while selecting the drug and thus *Rhus toxicodendron* was prescribed in 200C; two doses followed by placebo for 13 days on the first visit (16/04/2021). The clarity of the symptoms in this case facilitated easy selection of the medicine. The medicine was

procured from GMP certified SBL Pvt. Ltd. and dispensed from the institutional pharmacy. Along with the medicine patient

was advised to tendon gliding exercises 3 – 4 times in a day. [22] The exercise is shown in Figure 4.



Figure 1- Changes in QuickDASH Score of the patient in every month

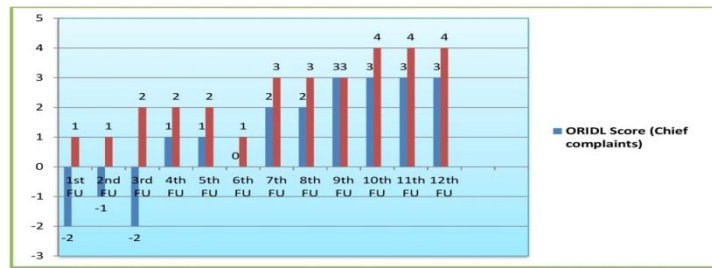
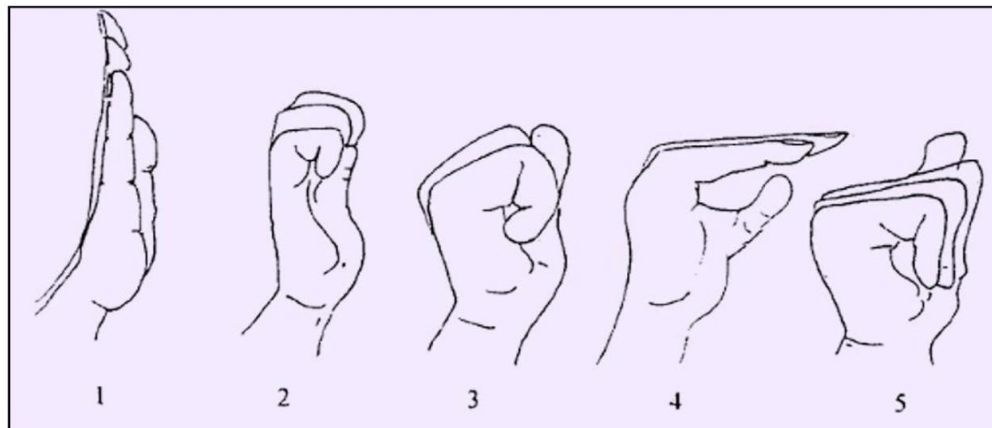


Figure 2- Changes in ORIDL Score

Filters Applied: Sort by Symptoms Covered (DESC)  
Symptoms: 12 Remedies: 287

Remedy Name	Rhus-t	Sulph	Cham	Lyc	Merc	Puls	Am-c	Ars	Sep	Carb-v
<b>Totally</b>	21	21	14	14	14	14	7	13	13	11
<b>Symptoms Covered</b>	11	10	8	7	7	7	7	6	6	6
<b>Kingdom</b>	Plants	Minerals	Plants	Plants	Minerals	Plants	Minerals	Minerals	Animals	Minerals
[Kent ] [Mind]Fear (see Anxiety):Night: (49)	3	2	1	1	2	2	1	2		2
[Kent ] [Mind]Restlessness, nervousness: (249)	3	3	2	3	3	3	1	3	3	2
[Kent ] [Mind]Religious affections (see Anxiety, Despair, Fear): (53)	1	3	2	2	1	2	1	2	2	2
[Kent ] [Stomach]Desires:Cold drinks: (95)	2	1	3	2	3	1	1	3	2	
[Kent ] [Mouth]Dryness:Morning: (46)	2	3	2	2		3	1		2	1
[Kent ] [Generalities]Food:Milk :Agg: (57)	1	3	2	2		2		2	3	2
[Kent ] [Extremities pain]Pain:Wrist:Right: (16)	2	1		2						
[Kent ] [Extremities pain]Pain:Wrist:Motion:Amel: (9)	3	1								
[Kent ] [Extremities]Numbness (see tingling):Fingers:Morning: (11)	1	2	1		1	1	1			
[Kent ] [Extremities]Numbness (see tingling):Hand:Right: (16)					1		1			
[Kent ] [Extremities]Tingling,prickling,asleep (see numbness):Hand:Grasping anything: (2)	1		1							
[Kent ] [Mind]Answers:Slowly: (23)	2	2			3			1	1	2

Figure 3- Repertorization sheet

**Five finger position for tendon gliding exercise (Step wise):**

1.

1. Straight hand

2. Hook fist (Claw fist)

3. Full fist

4. Table top (Intrinsic plus)

5. Straight fist

**Figure 4- Tendon gliding exercise****Follow Up:**

Details mentioned in the Table-2. The patient was followed up every fifteen days for 6 months; during which there was gradual improvement. On her 2<sup>nd</sup> visit, she was complaining that the pain, tingling sensation was slight aggravated after taking the medicine, but overall she felt better. It might have been the *Homoeopathic* aggravation so the medicine was allowed to act and a placebo prescribed. On the next visit, the intensity and frequency of the complaints gradually decreased which further proved that the medicine selection was correct. But, on the 4<sup>th</sup> visit, earlier complaints again reappeared, so *Rhus toxicodendron* same potency was repeated. After two months, the improvement being constant, the same medicine in higher potency was repeated. After this, there was progressive overall improvement of the patient in the subsequent

visits and no recurrence of the symptoms observed.

**DISCUSSION:**

CTS is a disorder of median nerve entrapment, which interferes with the daily activity. Owing to the prolonged, expensive and ambiguous treatment, an increasing number of patients turn towards *homeopathy* for safe and cost effective treatment. The above case showing the classical symptoms of CTS successfully treated with the help of individualized *homoeopathic* medicine *Rhus toxicodendron* in increasing potencies (200, 1M) according to the response of the patient over six months and no adverse events were encountered during the period of treatment. The medicine was selected on the basis of totality of symptoms with consultation of *Materia medica*.<sup>[20,21]</sup> The potency selection, repetition were done based on the *Homoeopathic* principles, susceptibility of the individual and second prescription of Kent's

philosophy. [23,24,25] *Homoeopathy* is a rational system of medicine, which promotes the general wellbeing of the individual. The patient's progress was monitored every month by using QuickDASH (At baseline 65.9 and at the end of treatment 11.4) [Figure- 1]. The validated scale (ORIDL) was used to assess the improvement in each and every follow-up visits, response goes towards 'positive (+)' in ORIDL scale in both aspect (i.e. chief complaint as well as general well-being) [Figure- 2]. Scores obtained from this scale revealed clinically significant results after treatment and demonstrates that the case was responded well. The curative response of a *homoeopathic* medicine was assessed through *Modified Naranjo Criteria for Homoeopathy (MONRACH)* Inventory. The total score was 9 which again signify a 'definite' association between medicine and outcome [Table-1]. Reporting of the case adhered to the HOM-CASE-CARE guideline. [15] In this case *homoeopathic* medicine *Rhus toxicodendron* proved to be very effective to relieve the symptoms as well as general well-being within six months of treatment. The present case shows that more the similarity between a disease picture and drug picture; the results are more likely to be promising. The speedy recovery of this case reduced the period of suffering, medicine cost and also improved the quality of life within a plausible timeframe of medicine intake. This care report also supports the importance of individualization in *homoeopathy*. However, there is paucity of studies on CTS. Few studies which were conducted previously shown promising result. In a case of CTS with dysthymia presented by Kapse AR, Jain MK, and Sarvagod HS observed that *Natrium carbonica* is effective in the management of CTS with dysthymia. [26]

Another clinical study conducted by Sangoankar MV, Palekar TJ, Choudhari GD. In this comparative study between physiotherapy along with *Homoeopathic* medicine and physiotherapy alone in CTS, similar effect was observed in both groups for reducing pain in CTS patient. [14] However, the scope and effectiveness of *homoeopathic* remedies have to be explored with well-planned documented case report (s) or randomized clinical studies.

#### **CONCLUSION:**

This case establishes the positive role of individualized *homoeopathic* medicine in the treatment of Carpal tunnel syndrome. Although, this single case report cannot draw any certain conclusion, more number of documented cases and scientific research studies could help to establish the *homoeopathy* in scientific field. Nevertheless, large sample randomized controlled trial is suggested for further advancement in this regard.

#### **Patient perspective:**

The patient was questioned to get her thoughts on how the treatment worked. She said that she was very happy to observe the changes from the beginning of the treatment itself. Her complaints were almost gone within few months of treatment. Earlier she experienced pain with numbness and tingling sensations while carrying out daily household works. She could not able to stitch cloths, chop vegetables with her right hand. She frequently used her left hand for this reason. She was doing well, able to do her regular activities by both hands without any difficulty. She was satisfied with the treatment she received.

**Informed written consent of patient:**

Written informed consent was obtained from the patient who had free will to quit the consultation in case of any disappointment or adverse events during the course of treatment. The patient was consented voluntarily to publishing the case report. The patients have understood that her names and initials are not included in the manuscript and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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