2026 Volume: 02 Issue: 03 www.ijrpa.com ISSN 2456-9995 Case Study

International Journal Research Publication Analysis

Page: 01-08

ROLE OF CINCHONA OFFICINALIS IN PAIN MANAGEMENT: A CASE REPORT OF ACUTE NON-SPECIFIC LOW BACK PAIN

K. Amritha*[1], M. Murugan[2]

[1]Junior Resident, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr.M.G.R Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 62916.

[2]PG & Ph.D. Guide, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr.M.G.R. Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161.

Article Received: 15 February 2026
Article Revised: 06 March 2026
Published on: 26 March 2026

***Corresponding Author: K. Amritha**
Junior Resident, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr.M.G.R Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 62916.

DOI: https://doi-doi.org/101555/ijrpa.2400

ABSTRACT

Background: Low back pain is one of the most common musculoskeletal complaints encountered in clinical practice and is a leading cause of discomfort, reduced mobility, and work limitation worldwide. Homoeopathy, through individualized prescription, may offer symptomatic relief and improvement in quality of life in such cases. **Methods:** A case of non-specific low back pain of two weeks' duration was managed with *Cinchona officinalis* based on characteristic symptomatology. The pain was worse from touch, exertion, and motion, and better by sitting. Pain intensity was assessed using the Visual Analogue Scale (VAS), and follow-up was carried out for two weeks. **Results:** The patient presented initially with a pain score of 8/10. Over two weeks of treatment with *Cinchona officinalis*, pain intensity gradually reduced to 2/10, with marked improvement in tenderness, functional movement, and daily activity. **Conclusion:** This case suggests that *Cinchona officinalis*, when prescribed on the basis of individualizing pain modalities, may be useful in the management of non-specific low back pain. Further systematic clinical studies are needed to substantiate such observations.

KEYWORDS: Cinchona officinalis, China officinalis, low back pain, pain management,

homoeopathy, VAS.

INTRODUCTION

Low back pain is a major global health problem and one of the most frequent causes of disability affecting daily routine, occupation, and quality of life.[1] Low back pain is one of the most common musculoskeletal complaints worldwide and the **leading cause of disability globally**. In **2020, about 619 million people** were affected, and the burden is projected to rise further with ageing and population growth. Acute and Chronic pain is a major public health problem and affects **about 20% of people worldwide**. It is more common in women, older adults, and those with chronic illness, and it causes major impairment in function, quality of life, and work capacity. [2] Pain without organic pathology is often clinically significant even in the absence of radiological abnormality, and its management should address the individual symptom pattern, aggravating and ameliorating factors, and functional limitation.[2,6] In homoeopathic therapeutics, remedy selection is based not merely on diagnosis but on the totality of symptoms, especially the characteristic modalities of pain.[3] *Cinchona officinalis* occupies an important place in homoeopathic materia medica. It is known for marked weakness, hypersensitivity, neuralgic and drawing pains, soreness, and aggravation from touch, motion, and loss of vital fluids.[4,5] Boericke describes *Cinchona* as suited to states of debility with sensitiveness and periodicity, while Clarke highlights its usefulness in painful affections with marked tenderness and exhaustion.[4,5] Based on these indications, *Cinchona officinalis* was considered in this case of non-specific low back pain.

CASE HISTORY

A 32-year-old female presented to the OPD with complaints of low back pain for the past two weeks. The pain was insidious in onset and gradually progressive. It was felt predominantly in the lumbar region and was described as aching, bruised, and sore in nature. The pain was **aggravated by touch, exertion, and motion** and was **relieved by sitting quietly**. There was no history of trauma, fever, tingling, numbness, radiation to the lower limbs, bowel or bladder disturbances, or constitutional symptoms.The patient reported difficulty in bending forward, getting up from bed, and performing household work due to pain. Prolonged standing and walking worsened the discomfort. Rest in sitting posture gave marked relief. Sleep was mildly disturbed because of pain on turning in bed.

Past History

No history of diabetes mellitus, hypertension, tuberculosis, major surgery, or previous chronic musculoskeletal disease.

Personal History

Appetite: Normal; Thirst: Normal; Sleep: Disturbed due to pain; Bowel and bladder: Normal ;Thermal reaction: Chilly patient

Local Examination Inspection:

No visible swelling, deformity, redness, or abnormal curvature of the spine.

Palpation:

Marked tenderness over the lumbar paraspinal muscles. No localized bony deformity. Local temperature not raised.

Movement:

Lumbar flexion and extension were painful. Pain increased on motion and exertion.

Neurological examination:

Normal. No motor or sensory deficit.

Investigation

Routine clinical evaluation revealed **no evidence of organic pathology**. The case was considered as **non- specific low back pain**.[2]

DIAGNOSIS

For **ACUTE NON-SPECIFIC LOW BACK PAIN**, the ICD-11 code you can use is: **ME84.2 — LOW BACK PAIN**

PAIN ASSESSMENT

Pain intensity was assessed using the **Visual Analogue Scale (VAS)** from 0 to 10, where 0 indicates no pain and 10 indicates maximum pain.[7]

Table 1. Pain assessment of the patient over two weeks.

Date	Pain Score (0–10)	Nature of Pain	Triggers/Modalities	Relief with Treatment
Day 1	8	Aching, sore	< touch, < exertion, < motion, > sitting	No relief
Day 2	8	Aching, bruised	< walking, < bending, > sitting	No relief
Day 3	7	Sore, drawing	< touch, < movement, > rest in sitting	Mild relief
Day 4	7	Aching	< exertion, < motion	Mild relief
Day 5	6	Sore	< household work, > sitting	Mild relief
Day 6	6	Bruised	< motion, < prolonged standing	Mild relief
Day 7	5	Aching	< exertion, > sitting quietly	Moderate relief
Day 8	5	Sore	< touch, < bending	Moderate relief
Day 9	5	Aching	< walking fast, > rest	Moderate relief
Day 10	4	Dull aching	< exertion	Moderate relief
Day 11	4	Dull sore pain	< motion, > sitting	Moderate relief
Day 12	3	Mild aching	< overuse	Good relief
Day 13	3	Mild soreness	< sudden movement	Good relief
Day 14	2	Occasional dull pain	Slightly < exertion, > sitting	Good relief

BASIS FOR SELECTION OF REMEDY

The prescription was based on the characteristic modalities of the case:

- Back pain of recent origin
- Soreness and bruised sensation
- Marked aggravation from **touch**[4,5]
- Aggravation from **motion and exertion**[4,5]
- Amelioration from **quiet rest in sitting posture**
- No organic pathology detected

Cinchona officinalis has been described in homoeopathic literature as producing and curing soreness, sensitiveness, weakness, and pains aggravated by touch, slight motion, and exertion.[4,5] The correspondence between the drug picture and the patient's symptom totality justified its selection.

PRESCRIPTION

Rx

1. CINCHONA OFFICINALIS 0/3 / 1Dose, (one dose - 1 poppy sized medicated globule dissolved in 10ml aqua) X MORNING. – DAILY FOR 2 WEEKS TAKEN ORALLY.

The remedy was prescribed daily for 2 weeks. And Advised to Avoid strain, maintain proper

posture, and continue routine activities within tolerance.

OUTCOME

At baseline, the patient had a VAS pain score of **8/10**, indicating severe pain.[7] At the end of two weeks, the pain score reduced to **2/10**, with improvement in lumbar movements, reduced tenderness, better sleep, and improved ability to perform routine work. No new symptoms developed during follow-up.

PATHOPHYSIOLOGY OF PAIN

Pain is a complex unpleasant sensory and emotional experience that begins with **nociception**, the neural process by which noxious mechanical, thermal, or chemical stimuli are detected by peripheral nociceptors. impulses are transmitted through **A-delta fibers** (fast, sharp, well-localized pain) and **C fibers** (slow, dull, burning, poorly localized pain) to the dorsal horn of the spinal cord, where neurotransmitters such as **glutamate and substance P** participate in synaptic transmission. From there, second-order neurons ascend mainly through the **spinothalamic tract** to the thalamus and then to cortical areas where pain is consciously perceived. Modern pathophysiology therefore understands pain not merely as a symptom of tissue injury, but as a multidimensional process involving peripheral inflammation, neural transmission, spinal modulation, central processing, and psychological influences such as attention, anxiety, and prior experience.[8-13]

PATHOGENETIC EFFECTS OF CHINA

China is described as producing **neuralgic, tearing, pressive, stitching, and intermittent pains**, often accompanied by exhaustion and aggravated by slight contact, draft, or motion, but relatively better from hard pressure in some complaints. Clarke especially emphasizes that China patients are **sensitive, debilitated, and exhausted**, with pains that recur periodically or appear in connection with anaemia and depletion. Boericke, Allen, Hering, and Kent similarly portray China as a remedy for **nerve hypersensitivity with prostration**, where pain is not isolated but occurs in a constitution weakened by fluid loss and deficient reactive power. Thus, the pathogenetic action of China is not simply “pain-producing” in a general sense, but pain arising in a background of **exhaustion, anaemia, periodicity, flatulent distension, and oversensitiveness of the nervous system**.[14-19]

RELATIONSHIP BETWEEN PAIN AND CHINA

The relationship between pain and **China officinalis** may be understood by correlating

general pain physiology with the characteristic homoeopathic symptom-picture of the drug. From a medical standpoint, painful states are intensified when tissue irritation, inflammatory mediators, altered nerve excitability, and central amplification increase sensitivity; from a homoeopathic standpoint, China represents an organism rendered especially vulnerable by **depletion and nervous hypersensitivity**, so that painful impressions are perceived more intensely and tolerated poorly. In China, pain is classically associated with **loss of fluids, anaemia, weakness, distension, intermittent or periodic complaints, and marked sensitivity to touch**, suggesting a state in which the patient's reactive threshold is lowered and ordinary sensory input becomes distressing. Neuralgic, stitching, tearing, or pressing pains in China becomes relevant because its pathogenetic effects closely parallel that totality. In that sense, the remedy corresponds not merely to the sensation of pain, but to the **mode, background, causation, and accompanying systemic state** in which the pain is experienced.8,10,12,14–19

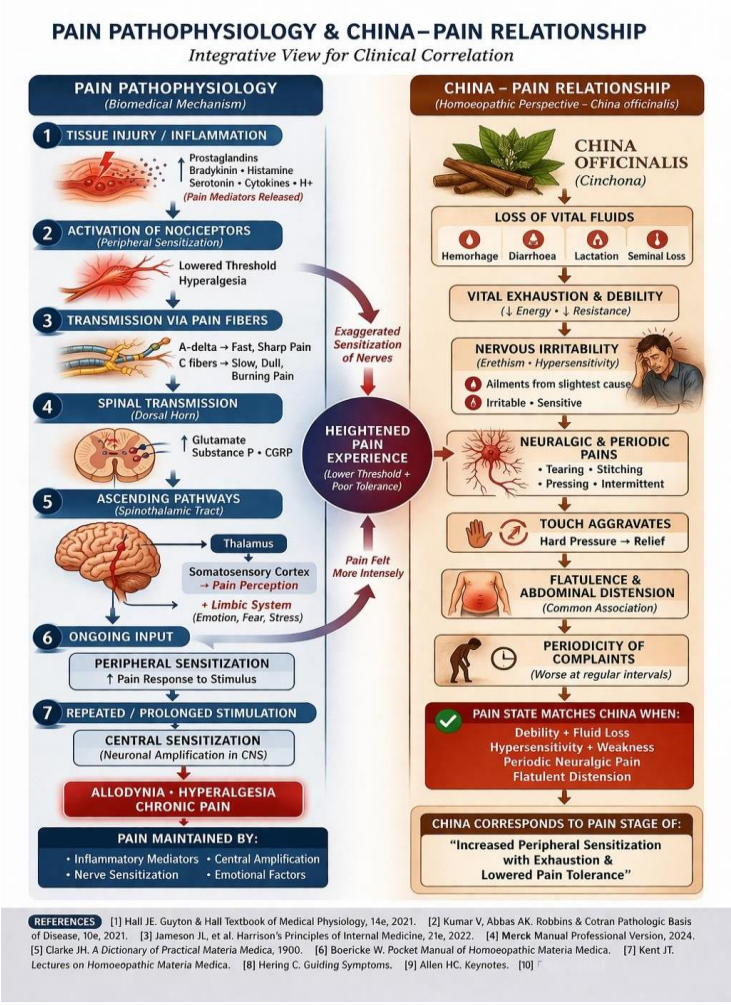

Figure 1.Relationship between pain and cinchona officianalis.

DISCUSSION

Non-specific low back pain is frequently encountered in outpatient practice and often lacks a clearly demonstrable structural lesion.[2] Nevertheless, the symptom burden may be considerable, affecting movement, posture, occupation, and mental comfort.[1,6] In such cases, individualized symptom-based management becomes clinically meaningful.In this case, the most characteristic features were **aggravation from touch, exertion, and motion**, with **relief from sitting quietly**. These modalities guided the prescription toward *Cinchona officinalis*.[4,5] Boericke notes the marked sensitiveness and weakness of *Cinchona*, along with pain associated with debility and exhaustion.[4] Clarke also emphasizes the drug's action in conditions marked by soreness, hypersensitivity, and aggravation from contact and exertion.[5] The reduction of pain score from 8/10 to 2/10 over two weeks indicates a favorable clinical response.[7] While one cannot generalize from a single case, this observation suggests that *Cinchona officinalis* may have a role in selected cases of pain management when the symptom picture corresponds closely to the materia medica. Such case-based evidence can serve as a basis for further observational and controlled studies.[3]

CONCLUSION

This case illustrates the possible role of *Cinchona officinalis* in the management of non-specific low back pain when prescribed on the basis of characteristic symptom modalities. Marked improvement was observed in pain intensity, tenderness, and daily functioning over two weeks. Individualized homoeopathic prescribing may provide useful symptomatic support in selected pain cases, though further studies are needed for broader validation.

REFERENCES

1. Hartvigsen J, Hancock MJ, Kongsted A, Louw Q, Ferreira ML, Genevay S, et al. What low back pain is and why we need to pay attention. Lancet. 2018;391(10137):2356-67.
2. World Health Organization. Low back pain [Internet]. Geneva: WHO; 2023 [cited 2026 Mar 24].
3. Hahnemann S. Organon of Medicine. 5th and 6th ed. New Delhi: B Jain Publishers; 2002.
4. Boericke W. New Manual of Homoeopathic Materia Medica with Repertory. 9th ed. New Delhi: B Jain Publishers; 2010.
5. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B Jain Publishers; reprint edition.
6. Koes BW, van Tulder M, Lin CW, Macedo LG, McAuley J, Maher C. An updated

overview of clinical guidelines for the management of non-specific low back pain in primary care. Eur Spine J. 2010;19(12):2075-94.

7. Hawker GA, Mian S, Kendzerska T, French M. Measures of adult pain: Visual Analog Scale for pain, Numeric Rating Scale for pain, McGill Pain Questionnaire, Short-Form McGill Pain Questionnaire, Chronic Pain Grade Scale, Short Form-36 Bodily Pain Scale, and Measure of Intermittent and Constant Osteoarthritis Pain. Arthritis Care Res (Hoboken). 2011;63 Suppl 11:S240-52.
8. Hall JE. *Guyton and Hall textbook of medical physiology*. 14th ed. Philadelphia: Elsevier; 2021.
9. Kumar V, Abbas AK, Aster JC. *Robbins and Cotran pathologic basis of disease*. 10th ed. Philadelphia: Elsevier; 2021.
10. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. *Harrison's principles of internal medicine*. 21st ed. New York: McGraw-Hill; 2022.
11. StatPearls Publishing. Physiology, nociception. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2023. Available from: National Center for Biotechnology Information.
12. StatPearls Publishing. Physiology, nociceptive pathways. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2022. Available from: National Center for Biotechnology Information.
13. Porter RS, Kaplan JL, editors. *Merck Manual Professional Edition*. Overview of pain; neuropathic pain. Kenilworth (NJ): Merck & Co., Inc.; 2024.
14. Clarke JH. *A dictionary of practical materia medica*. London: Homoeopathic Publishing Company; 1900. Remedy: China officinalis.
15. Boericke W. *Pocket manual of homoeopathic materia medica*. New Delhi: B. Jain Publishers; reprint edition. Remedy: China officinalis.
16. Allen HC. *Keynotes and characteristics with comparisons of some of the leading remedies of the materia medica*. New Delhi: B. Jain Publishers; reprint edition. Remedy: China.
17. Hering C. *The guiding symptoms of our materia medica*. New Delhi: B. Jain Publishers; reprint edition. Remedy: China officinalis.
18. Kent JT. *Lectures on homoeopathic materia medica*. New Delhi: B. Jain Publishers; reprint edition. Remedy: China.
19. Farrington EA. *Clinical materia medica*. New Delhi: B. Jain Publishers; reprint edition. Remedy: China.