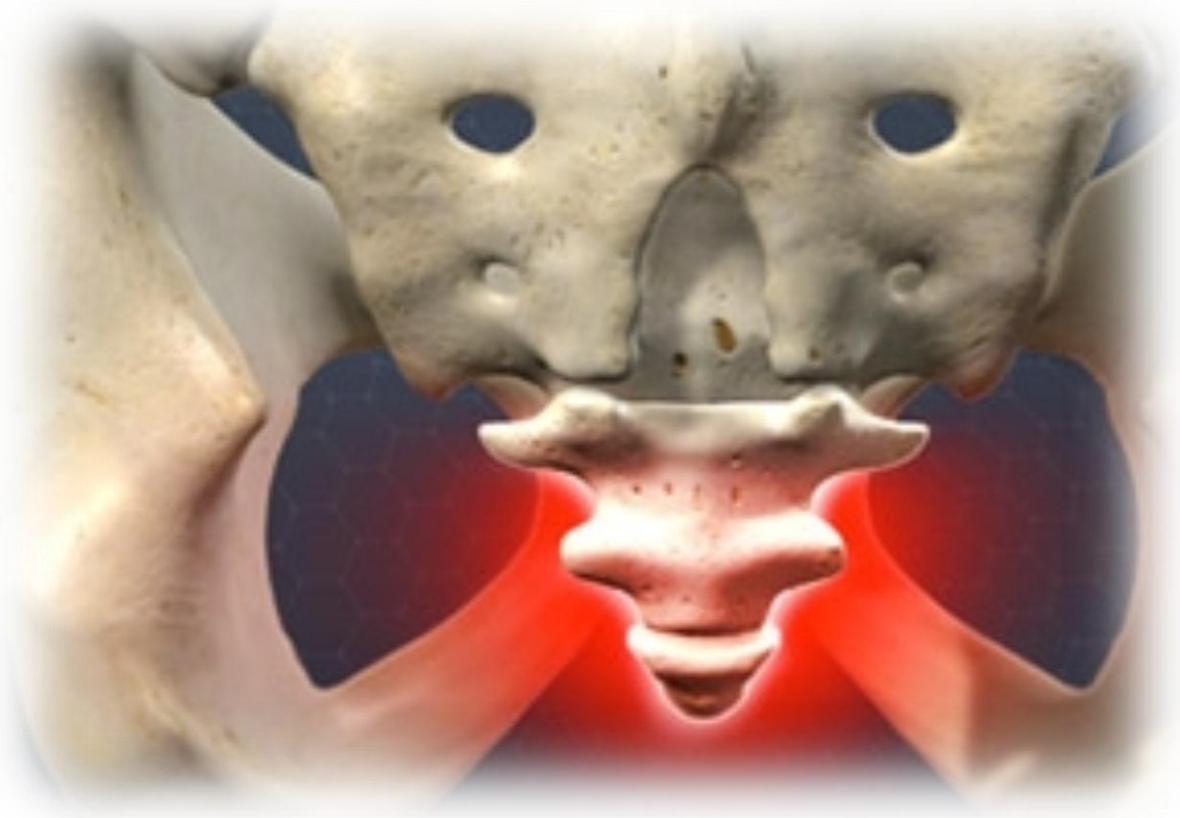
COCCYGODYNIA AND HOMOEOPATHY

Miasmatic aspects of Coccygodynia



Dr. Rajneesh Kumar Sharma MD (Hom)

Coccygodynia and Homoeopathy

© *Dr. Rajneesh Kumar Sharma M.D. (Homoeopathy)*
Dr. Swati Vishnoi B.H.M.S.
Homoeo Cure & Research Institute
NH 74, Moradabad Road, Kashipur (Uttaranchal)
INDIA Pin- 244713 Ph. 05947- 260327, 9897618594
E. mail- drrajneeshhom@hotmail.com
www.treatmenthomoeopathy.com
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Definition

(kok″sĭ-go-din´e-ə) pain in the coccyx and neighboring region, triggered by sitting or by rising from a seated to a standing position often radiating to the sacrum, lumbar spine, and buttocks, and thighs (Causa occasionalis/ Psora).

Synonyms

Coccygodynia, coccyalgia, coccydynia, tailbone pain, coccydynia, coccycodynia, coccygeal neuralgia.

History

The term was first introduced by Simpson in 1859, but accounts of coccygeal pain date back to the 16th century.

Anatomy

The coccyx is a vestigial set of bones corresponding to the tail of many mammals. It is the set of fused, tapered, rounded bones, 4-5 in number, that articulate with the sacrum. It is the most distal aspect of the vertebral column.

Embryologically, the coccyx arises as the skeletal remnant of the caudal eminence that is present from weeks 4-8 of gestation. This eminence subsequently regresses, but the coccyx remains. Initially, the four coccygeal vertebrae are separate, but throughout life they normally fuse together to form one continuous bone.

Bony Landmarks

The coccyx consists of an apex, base, anterior surface, posterior surface and two lateral surfaces.

- **The base** is located most superiorly, and contains a facet for articulation with the sacrum.
- **The apex** is situated inferiorly, at the terminus of the vertebral column.
- **The lateral surfaces** of the coccyx are marked by a small transverse process, which projects from Co1.
- **The ventral surface** of the coccyx is concave, and serves as the attachment site of ligaments and muscles important for many functions of the pelvic floor.
- **The dorsal aspect** is convex and features coccygeal articular processes.

Joints

The coccyx articulates with the sacrum at a fibrocartilaginous joint called the sacrococcygeal symphysis. Movement here is limited to minor flexion and extension which occurs passively, as during defecation and labor.

Ligaments

The sacrococcygeal symphysis is supported by 5 ligaments-

- **Anterior sacrococcygeal ligament** – a continuation of the anterior longitudinal ligament of the spine, and so connects the anterior aspects of the vertebral bodies.
- **Deep posterior sacrococcygeal ligament –** connects the posterior side of the 5th sacral body to the dorsal surface of the coccyx.
- **Superficial posterior sacrococcygeal ligament –** attaches the median sacral crest to the dorsal surface of the coccyx.
- **Lateral sacrococcygeal ligaments –** run from the lateral aspect of the sacrum to the transverse processes of Co1.
- **Interarticular ligaments –** stretch from the cornua of the sacrum to the cornua of the coccyx.

Attachments

The key functions of the coccyx is as an attachment point for various structures. The gluteus maximus and levator ani muscles attach to the coccyx, the latter being a key component of the pelvic floor. A thin, fibrous ligament, the anococcygeal raphe runs from the coccyx and helps support the position of the anus.

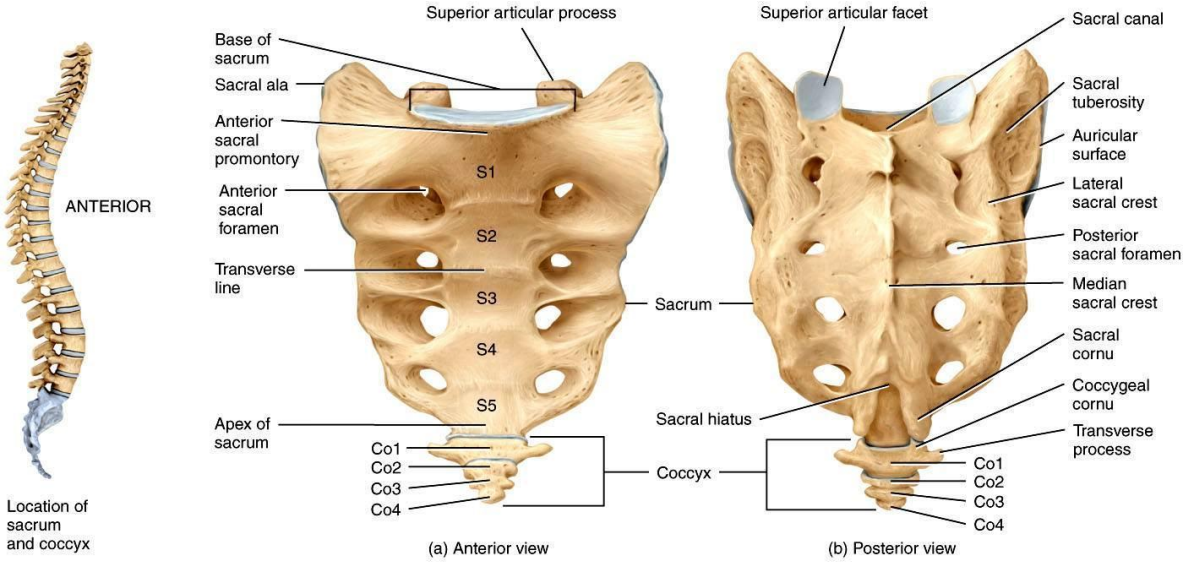


Figure 07.20ab Tortora - PHA 11/e

Incidence

The female/male incidence ratio is 5:1.5 due to a more posteriorly situated sacrum and coccyx. Due to longer coccyges relative to men, females have a greater chance of developing coccygodynia.

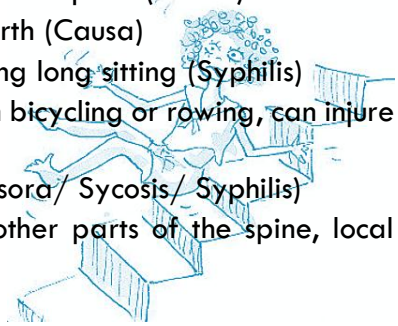
It is more common in obesity; a body-mass index (BMI) of 27.4 in females. BMI more than 29.4 in males increases the chance of developing coccygodynia.

Causes

Nature of coccygeal pain is multifactorial. The idiopathic form comprises less than 1% of all non-traumatic disorders of the vertebral column, while the main cause being coccygeal injuries.

Most tailbone injuries are caused by trauma to the coccyx area as-

- A fall onto the tailbone in the seated position, usually against a hard surface (Causa)
- A direct blow to the tailbone, as occurring during contact sports (Causa)
- The coccyx can be injured or fractured during childbirth (Causa)
- Congenital deviations can also cause complaints during long sitting (Syphilis)
- Repetitive straining or friction against the coccyx as in bicycling or rowing, can injure the coccyx (Causa/ Psora)
- Sometimes, the cause of coccyx injuries is unknown (Psora/ Sycosis/ Syphilis)
- Bone spurs, compression of nerve roots, injuries to other parts of the spine, local infections, and tumors (Psora/ Sycosis/ Syphilis)



Symptoms

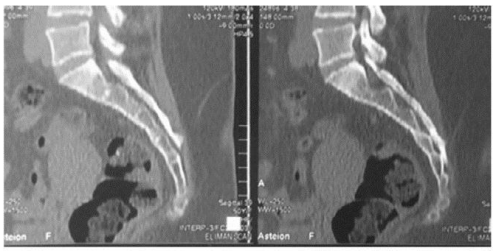
Coccygodynia is much less common than low back pain. It is often relatively severe and persistent, causing significant compromise of the patient's ability to perform or tolerate various activities. Its main features are-

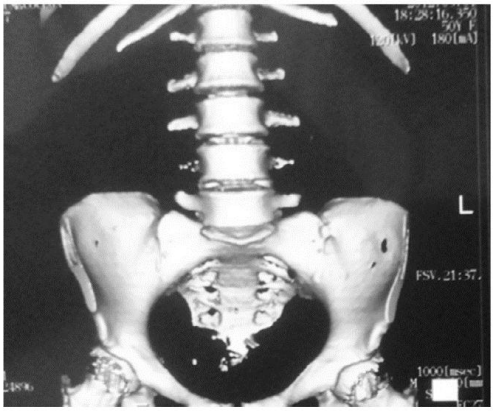
- Severe localized pain and tenderness may be felt in the tailbone area.
- A bruise may be visible in coccygeal area.

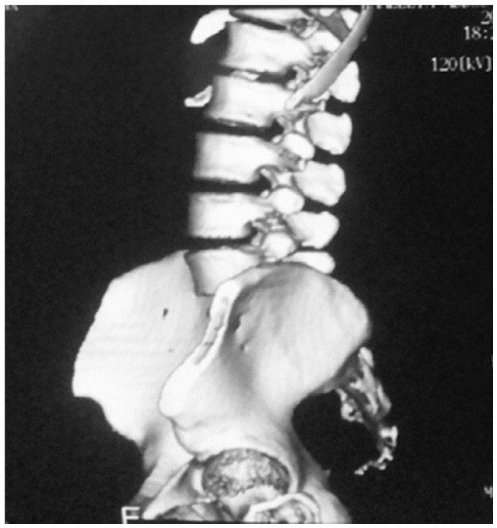
- The pain is generally worse when sitting for prolonged periods of time, or with direct pressure to the tailbone area.
- Bowel movements and straining are often painful.
- Some women pain during sexual intercourse.

Clinical evaluation

Coccygodynia can be diagnosed during a physical examination. Patients may take a guarding seated position, in which one buttock is elevated to shift weight from the coccyx and to prevent and/or minimize discomfort and pain. With referred or radiated pain, the pain will also arise during lumbar movements. Coughing is painful. Physical examination will show an increased pain during a straight leg raise test. There may be radiating pain around the buttocks and going to the back of the thighs. Women may have pain during menstruation. Palpation at the sacrococcygeal junction will elicit a tender point and will be painful. Main points to diagnose are-



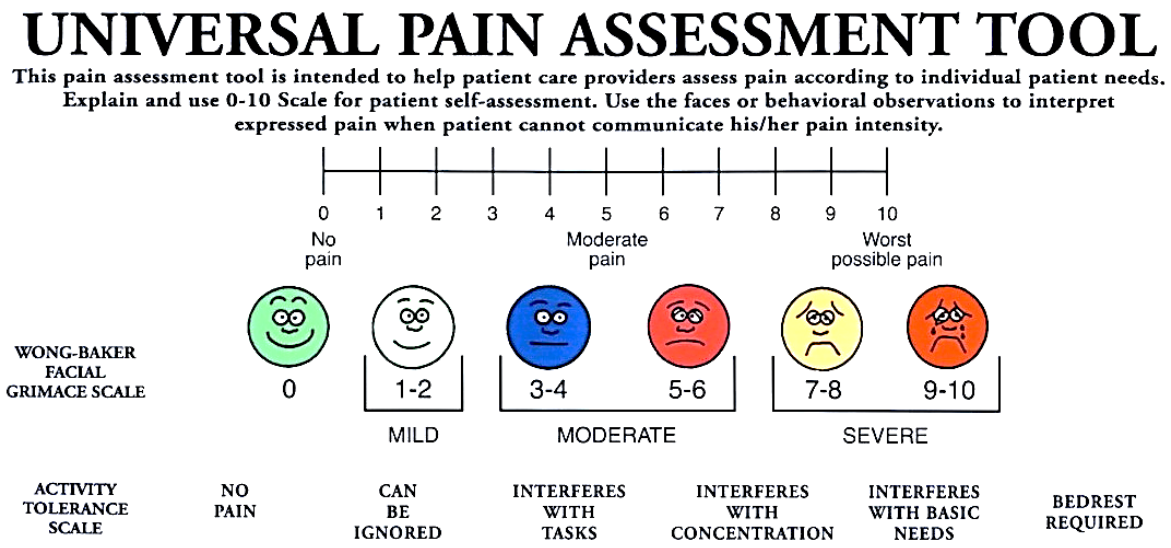




- Normal sacrococcygeal joint
- Hypomobility of sacrococcygeal joint
- Hypermobility of sacrococcygeal joint
- Subluxation of sacrococcygeal joint
- Luxation of sacrococcygeal joint
- Dislocation of sacrococcygeal joint

Pain Measures

- 4- Item Pain Intensity Measure (P4)
- Brief Pain Inventory - Short Form
- Numeric Pain Rating Scale
- Short-form McGill Pain Questionnaire
- Visual Analogue Scale
- Condition Specific
- Pelvic Floor Distress Inventory (PFDI - 20)
- Pelvic Girdle Questionnaire (PGQ)



Differential diagnosis

- Lumbosacral joint dysfunction and/or sacroiliac joint fixation with pelvic obliquity
- Lumbar and sacral biomechanical dysfunction as a cause of pain in the tailbone
- Piriformis Myofascial Pain
- Piriformis trigger points or “wallet neuritis” as a cause of pain in the tailbone
- Local coccygodynia
- Traumatic coccygodynia
- Idiopathic coccygodynia
- Referred or radiated coccygodynia
- Psychogenic coccygodynia
- Chronic proctalgia
- Chronic pelvic pain and pudendal neuralgia

Treatment

- Donut cushion
- Diathermy
- Cryotherapy
- Spinal manipulation
- Coccygeal manipulation
- Myofascial treatment
- Radiotherapy
- Manipulation of coccyx under anesthesia
- Hot baths
- Psychotherapy

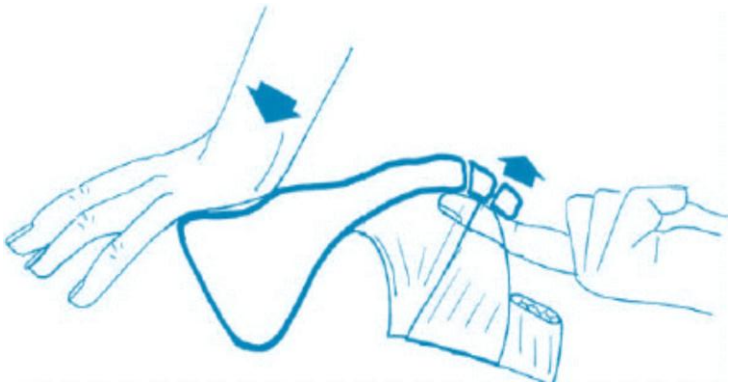
Physical Therapy Management

Patients with coccygodynia are initially advised to avoid stimulating factors. Initial treatment includes ergonomic adjustments such as using a donut-shaped pillow or gel cushion when sitting for a long period of time. This reduces local pressure and improves the patient's posture.

Mobilizations can be used to help realign the position of the coccyx. The first choice for mobilization is postero-anterior central vertebral pressure (first gently oscillating). Given that there is tenderness to palpation, it might be best to start with rotation mobilization. It is advised to begin mobilizing only one side at one treatment.
Another option for manual therapy is to apply deep transverse frictions (DTF) to the affected ligaments. The patient lies in prone position with a pillow under the pelvis and the legs in slight abduction and internal rotation. The therapist places his thumb on the affected spot, and, depending on the location of the lesion (direction DTF), the DTF are administered.

Manipulation of coccyx

The coccyx is kept in hyperextension, which stresses the sacrococcygeal and intercoccygeal ligaments, stretches the levator ani muscles and reduces joint misalignments.
Manipulation of the coccyx can be performed intrarectal with the patient in lateral position. With the index finger, the coccyx is repeatedly flexed and extended. This is performed for only one minute, to avoid damage or irritations of the rectal mucosa.
Massage of the levator ani muscle and coccygeus muscles has also been found to relieve pain.



Intrarectal Manipulation of Coccyx

Daily ultrasound followed by two weeks of short-wave diathermy is often beneficial.

Homoeopathic treatment

Coccyx, coccygodynia etc... aesc. agar. agn. all-s. alum. alumin-p. alumin-sil. am-c. AM-M. ant-c. ANT-T. APIS arg-n. arn. ars-i. ars-s-f. ars. ARUM-T. asaf. bamb-a. BELL. borx. bov. BRY. BUNI-O. CALC-CAUST. CALC-P. calc-s. calc-sil. CALC. cann-i. CANN-S. CANTH. CARB-AN. CARB-V. CARBN-S. carl. castm. CASTOR-EQ. CAUST. cench. chin. CIC. *Cimic.* CIST. colch. com. CON. dios. dros. EUPH. *Ferr-p.* FL-AC. GAMB. GRAPH. grat. HEP. HYPER. ign. iod. KALI-BI. KALI-C. kali-chl. kali-i. KALI-P. kali-sil. KREOS. lac-c. LACH. lact-v. laur. LED. lil-t. lob. MAG-C. *Mag-p.* manc. MED. merc-i-f. MERC. MEZ. mur-ac. musa nat-m. nat-s. NIT-AC. nux-m. PAR. passi. PETR. ph-ac. PHOS. phys. pic-ac. pitu-a. plat. plb. raph. RHUS-T. RUTA sanic. SEP. SIL. sin-a. staph. sul-i. SULPH. syph. tarent. tet. THUJ. verat. xan. zinc-phic. ZINC.

Short Repertory of Coccygodynia

BACK - PAIN - coccyx, coccygodynia - bed, in com.
BACK - PAIN - coccyx, coccygodynia - coition, during kali-bi.
BACK - PAIN - coccyx, coccygodynia - delivery, parturition, after, puerperal tarent.
BACK - PAIN - coccyx, coccygodynia – evening alum. APIS CASTOR-EQ. CAUST. graph. KALI-BI. tarent.
BACK - PAIN - coccyx, coccygodynia - extending - anus, to carb-v. thuj.
BACK - PAIN - coccyx, coccygodynia - extending - arms, to hyper.
BACK - PAIN - coccyx, coccygodynia - extending - back, up mur-ac. phos.
BACK - PAIN - coccyx, coccygodynia - extending - bladder, to carl.
BACK - PAIN - coccyx, coccygodynia - extending - brain, base of phos.
BACK - PAIN - coccyx, coccygodynia - extending – downward hyper.
BACK - PAIN - coccyx, coccygodynia - extending - prepuce, to carl.
BACK - PAIN - coccyx, coccygodynia - extending - rectum and vagina, to ars-s-f. KREOS.
BACK - PAIN - coccyx, coccygodynia - extending - sacrum, to ruta
BACK - PAIN - coccyx, coccygodynia - extending - spine - through, to vertex during stool, drawing head backward euph. PHOS.
BACK - PAIN - coccyx, coccygodynia - extending - spine - upwards - stool, after euph.
BACK - PAIN - coccyx, coccygodynia - extending - spine – upwards euph. hyper. mur-ac.
BACK - PAIN - coccyx, coccygodynia - extending - thighs, to nat-s. rhus-t. thuj.
BACK - PAIN - coccyx, coccygodynia - extending – upward caust. mur-ac.
BACK - PAIN - coccyx, coccygodynia - extending - urethra, to, during urination KALI-BI.
BACK - PAIN - coccyx, coccygodynia - extending - vertex, to, during stool phos.
BACK - PAIN - coccyx, coccygodynia - injury, from - fall, from a bamb-a. HYPER. MEZ. SIL.
BACK - PAIN - coccyx, coccygodynia - injury, from bamb-a. carb-an. hyper. mez. sil. thuj.
BACK - PAIN - coccyx, coccygodynia – left cann-s.
BACK - PAIN - coccyx, coccygodynia - lying, while - back, on BELL. graph.
BACK - PAIN - coccyx, coccygodynia - lying, while am-m. bell. CARB-AN. graph.
BACK - PAIN - coccyx, coccygodynia - menses – during bell. canth. carb-an. carb-v. CAUST. cench. CIC. CIST. graph. kali-c. kreos. merc. mur-ac. ph-ac. pitu-a. thuj. zinc-phic. zinc.
BACK - PAIN - coccyx, coccygodynia - menses - instead of ars.
BACK - PAIN - coccyx, coccygodynia - menses – suppressed bell. caust. kali-c. mag-c. merc. petr. phos. plat. ruta thuj. zinc.
BACK - PAIN - coccyx, coccygodynia - metritis, in chronic, violent ANT-T.
BACK - PAIN - coccyx, coccygodynia - morning - touch, on alum.
BACK - PAIN - coccyx, coccygodynia - morning - waking, on ars-s-f. KALI-BI.
BACK - PAIN - coccyx, coccygodynia - motion – impeding lach. PHOS.
BACK - PAIN - coccyx, coccygodynia - motion – on CAUST. euph. fl-ac. kali-bi. PHOS. tarent.
BACK - PAIN - coccyx, coccygodynia - perspiration, during arn. ARS. borx. CALC. carb-v. caust. chin. graph. HEP. ign. MERC. ph-ac. RHUS-T. SULPH.
BACK - PAIN - coccyx, coccygodynia - pressure - agg. ARUM-T. CALC-P. CARB-AN. CARB-V. EUPH. fl-ac. KALI-BI. PETR. phos. SIL. tarent. xan.
BACK - PAIN - coccyx, coccygodynia - pressure - amel., on abdomen merc.
BACK - PAIN - coccyx, coccygodynia - riding in a carriage - long ride, as after a SIL.
BACK - PAIN - coccyx, coccygodynia - riding in a carriage nux-m. SIL.
BACK - PAIN - coccyx, coccygodynia - rising from a seat - agg. aegle-m. CAUST. EUPH. KALI-BI. LACH. SIL. SULPH.
BACK - PAIN - coccyx, coccygodynia - rising from a seat - amel. kreos.
BACK - PAIN - coccyx, coccygodynia - sitting - after, unable to rise bell.
BACK - PAIN - coccyx, coccygodynia - sitting - amel. tarent.
BACK - PAIN - coccyx, coccygodynia - sitting – preventing cist.
BACK - PAIN - coccyx, coccygodynia - sitting - while - down, on kali-bi.
BACK - PAIN - coccyx, coccygodynia - sitting - while - itching, while par.
BACK - PAIN - coccyx, coccygodynia - sitting – while AM-M. APIS arg-n. bell. CARB-AN. CASTOR-EQ. cench. cist. dros. KALI-BI. kreos. LACH. led. musa PAR. PETR. plat. rhus-t. sil. syph. tarent. tet. thuj. uran-met. xan. zinc.
BACK - PAIN - coccyx, coccygodynia - sleep, during AM-M. uran-met.

BACK - PAIN - coccyx, coccygodynia - standing - agg. – erect thuj.
BACK - PAIN - coccyx, coccygodynia - standing - agg. thuj. verat.
BACK - PAIN - coccyx, coccygodynia - standing - amel. arg-n. bell. tarent.
BACK - PAIN - coccyx, coccygodynia - standing - erect impossible thuj.
BACK - PAIN - coccyx, coccygodynia – startling calc-p. mur-ac.
BACK - PAIN - coccyx, coccygodynia - stool – after euph. grat. sulph.
BACK - PAIN - coccyx, coccygodynia - stool – before sep.
BACK - PAIN - coccyx, coccygodynia - stool – during phos. sulph.
BACK - PAIN - coccyx, coccygodynia - stool - urging to, with sin-a.
BACK - PAIN - coccyx, coccygodynia - stooping, when aegle-m. sulph.
BACK - PAIN - coccyx, coccygodynia - stretching amel. alum.
BACK - PAIN - coccyx, coccygodynia - touched, when alum. alumin-p. bell. CALC-P. CARB-AN. cist. EUPH. fl-ac. KALI-BI. lach. nat-m. petr. phos. SIL. xan.
BACK - PAIN - coccyx, coccygodynia - urination – before kali-bi.
BACK - PAIN - coccyx, coccygodynia - urination – during GRAPH. kali-bi.
BACK - PAIN - coccyx, coccygodynia - urination – preventing thuj.
BACK - PAIN - coccyx, coccygodynia - walking - agg. bry. KALI-BI.
BACK - PAIN - coccyx, coccygodynia - walking - amel. – slow bell.
BACK - PAIN - coccyx, coccygodynia - walking - amel. aegle-m. bell.
Clinical - Coccygodynia walking phos.
FEMALE - LEUCORRHEA - milky - coccygodynia, in KREOS.
FEMALE - LEUCORRHEA - milky - coccygodynia, in KREOS.
FEMALE GENITALIA/SEX - LEUKORRHEA - milky - coccygodynia, in KREOS.
LOCOMOTOR SYSTEM - Coccyx – Pain ant-t. arn. *Bell.* *Bry.* *Calc-caust.* castm. *Caust.* *Cic.* *Cimic.* cist. con. *Ferr-p.* fl-ac. *Graph.* *Hyper.* kali-bi. kali-c. kali-i. *Kreos.* lac-c. *Lach.* lob. mag-c. *Mag-p.* *Merc.* *Par.* petr. phos. *Rhus-t.* sil. *Tarent.* tet. xan. zinc.

Bibliography


Chapter 11. Pain in the Back, Neck, and Extremities > Coccydynia Adams & Victor's Principles of Neurology, 10e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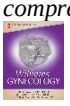
Chapter 11. Pelvic Pain > Lithotomy Williams Gynecology, 2e ... coccydynia, is suspected. Assessment of the uterus may reveal an enlarged uterus, often with an irregular...


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