



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2024; 8(2): 415-418
Received: 04-03-2024
Accepted: 11-04-2024

Nigel RS
PG Scholar, Department of
Repertory, Sarada Krishna
Homoeopathic Medical College
(Affiliated to The Tamil Nadu
Dr. M.G.R. Medical
University), Chennai,
Kulasekharam,
Kanniyakumari, Tamil Nadu,
India

Suman Sankar AS
Professor, PG and Ph.D Guide,
Department of Repertory,
Sarada Krishna Homoeopathic
Medical College (Affiliated to
The Tamil Nadu Dr. M.G.R.
Medical University), Chennai,
Kulasekharam,
Kanniyakumari, Tamil Nadu,
India

Sowmya RSG
Assistant Professor,
Department Of Pathology,
Sarada Krishna Homoeopathic
Medical College (Affiliated to
The Tamil Nadu Dr. M.G.R.
Medical University), Chennai,
Tamil Nadu, India

Vinita KS
PG Scholar, Department of
Repertory, Sarada Krishna
Homoeopathic Medical College
(Affiliated to The Tamil Nadu
Dr. M.G.R. Medical
University, Chennai),
Kulasekharam,
Kanniyakumari, Tamil Nadu,
India

Corresponding Author:
Nigel RS
PG Scholar, Department of
Repertory, Sarada Krishna
Homoeopathic Medical College
(Affiliated to The Tamil Nadu
Dr. M.G.R. Medical
University), Chennai,
Kulasekharam,
Kanniyakumari, Tamil Nadu,
India

Efficacy of homoeopathic treatment in anterior cruciate ligament injury: Case study

Nigel RS, Suman Sankar AS, Sowmya RSG and Vinita KS

DOI: <https://doi.org/10.33545/26164485.2024.v8.i2f.1167>

Abstract

Acute anterior cruciate ligament rupture is a common and serious knee injury in the young active population. Acute anterior cruciate ligament injury may lead to unsatisfactory knee function, decreased activity, and poor knee related quality of life, and many patients with a torn anterior cruciate ligament develop osteoarthritis of the knee irrespective of treatment. An anterior cruciate ligament injury occurs when the anterior cruciate ligament (ACL) is either stretched, partially torn, or completely torn. The most common injury is a complete tear. Symptoms include pain, an audible cracking sound during injury, instability of the knee, and joint swelling. The following case study shows the efficacy of homoeopathic remedy in the treatment of ligament tear. Case taking and examination done as per guidelines. selection of medicine was based on computerized repertory and final reference to Materia Medica. Result showed marked improvement. Thus, homeopathy remedies pave a major role in the management of anterior crucial ligament tear in the action of Nux vomica.

Keywords: Anterior cruciate ligament, BBCR, injury, knee, Nux vomica

Introduction

The anterior cruciate ligament (ACL) is one of 2 cruciate ligaments that aids in stabilizing the knee joint. It is a strong band made of connective tissue and collagenous fibers that originate from the anteromedial aspect of the intercondylar region of the tibial plateau and extends posterolaterally to attach to the medial aspect of the lateral femoral condyle, where there are two important landmarks; The lateral intercondylar ridge which defines the anterior boundary of the ACL, and the bifurcate ridge which separates the 2 ACL bundles. The ACL measures 32 mm long and is 7 to 12 mm wide ^[1]. There is no age or gender bias; however, it has been suggested that women are at an increased risk of ACL injury secondary to a multitude of factors. In athletes, the female-to-male ratio has been reported to be 4.5: 1. Female athletes tend to get ACL ruptures at a younger age and more in the supporting leg versus the kicking leg in males ^[2]. An anterior cruciate ligament injury occurs when the anterior cruciate ligament (ACL) is either stretched, partially torn, or completely torn. The most common injury is a complete tear. Symptoms include pain, an audible cracking sound during injury, instability of the knee, and joint swelling. Swelling generally appears within a couple of hours. In approximately 50% of cases, other structures of the knee such as surrounding ligaments, cartilage, or meniscus are damaged ^[3]. Most ACL tears occur in athletes by non-contact mechanisms, non-contact pivoting injury where the tibia translates anteriorly while the knee is slightly flexed and in valgus. ^[4] A direct hit to the lateral knee has also been encountered as an injury mechanism. The most at-risk athletes for non-contact injury include skiers, soccer players, and basketball players. ^[5] The most at-risk athletes for contact injury are football players. ^[6]

In Homoeopathic management the detailed case taking with proper case processing is the fundamental aspect. During the case taking process, detailed information about the patient's symptoms, medical history, lifestyle, and emotional state are noted. Once the case taking is complete, processes the information to identify a suitable homeopathic remedy. This involves analysing the characteristic symptoms, determining the constitutional type, and considering the unique expression of the disease in the individual. ^[7]

Materials and Methodology

An ACL tear case was registered in the out patient department (O.P.D). Case taking and through examination was done as per the homoeopathic case recording guidelines.

selection of medicine was based on computerized repertory and final reference to Materia Medica. Physiotherapy was also advised along with internal medicine. Follow-ups were recorded in the case sheet and documentation was evidenced with pain scale.

Case Report

A 21 years old male patient registered in OPD with Pain in both knee joints, more over on left knee especially over upper fibula and lower femur region. He had an severe aching type of pain since 2 days and also falling down sensation at time of pain and weakness. (Patient is an athlete so he usually run more than 6 km a day as an practice). He had a history of accident 2 years back. Complaint aggravated while running.

Clinical examination

Both knee joints

Inspection: No any scar tissues, no swelling, no discolouration, no discharges, no any prominent vein

enlargements.

Palpation:	Right	Left
Crepitus	Absent	Absent
Swelling	Absent	Absent
Tenderness	Absent	Absent
Warmth	Absent	Absent
Discolouration	Absent	Absent
Restriction of movement	Absent	Absent

Symptoms of the case

Ailments after injury, pain in the left knee joint, < running, weakness and falling down sensation.

Selection of repertory

The totality of symptoms was erected and subjected to Repertorisation in BBCR [8] with SYNERGY HOMEOPATHIC SOFTWARE (SHS) [9] based on totality of symptoms the medicine are select.

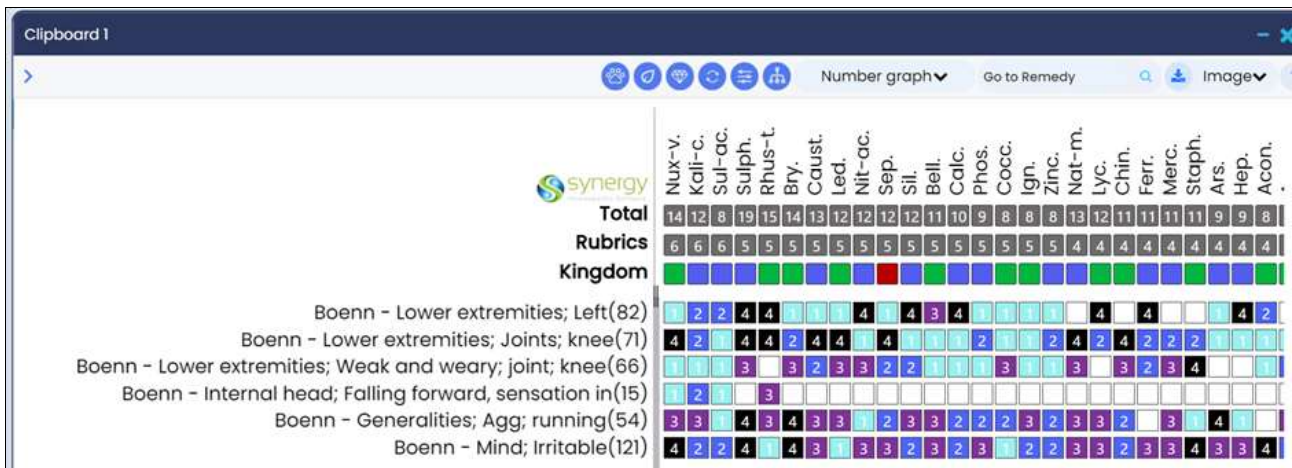


Fig. 1: Reportorial totality

Treatment

Selection of remedy and potency

The Remedy selected was NUX VOMICA by further reference to Materia Medica and potency selected was 200 C. [10]

Results

It is clear from the follow up and pain scale chart that the improvements are significant. The pain started on 21/11/2023 and mild improvement has been observed on 12/02/2024, on 30/05/2024 (6 months) marked disappearance of pain is seen.

Table 1: The pain started on 21/11/2023 and mild improvement has been observed on 12/02/2024, on 30/05/2024 (6 months) marked disappearance of pain is seen

Date	Symptoms	Prescription
21/11/23	Pain in knee joint <running a/f accident.	Rx Arnica montana 200/6d once in days / HS Physiotherapy
12/12/23	Pain persists as same	Rx, Argentum metallicum 200 /3d alt days Physiotherapy
2/1/24	Pain persist the same. Severe pain persist	Rx Ruta Graveolens 200/7d alt days Physiotherapy
19/1/24	Pain persist the same MRI taken:ON 19/1/24partial thickness tear ACL	Rx Nux-vomica 200/2d HS Physiotherapy
12/02/24	Pain persist but better than before	Rx Nux-vomica 200/2d HS Physiotherapy
26/3/24	Moderate improvement seen	Rx Nux-vomica 200/2d HS

		Physiotherapy
24/4/24	Improvement seen	Rx Nux-vomica 200/2d HS Physiotherapy
30/5/24	Improvement seen	Rx Sac Lac 2d HS



Fig. 2: Pain Scale

Discussion

In this case Study after a proper case history recording repertorization done through selection of clinic rubric. Boger was one the person who appreciated the use of clinical rubric in absence of characteristic symptoms in the case. Although the above illustrated case was lack of generals, so the clinical symptom was considered in case processing. In this context, the presence of just three symptoms is sufficient to form a logical understanding for arriving diagnostic totality. In this case study, initial prescriptions Arnica, Arg met, Ruta has given according to clinical symptoms but patient got no relief [11]. after selecting BCCR repertory and repertorized with pathological symptom got nux vom as the remedy and compared it with materia medica which gives us cracking of knee joint with weak feeling of lower limb, prescribed nux vom 200. [12] Patient got marked relief. Along with the internal medicine advised physiotherapy as the auxillary mode of treatment. Hence proved the action homoeopathic medicine in the treatment of injury has special value.

Conclusion

The case study presented provides a compelling illustration of the efficacy of homeopathic remedies in the management of Anterior Cruciate Ligament Injury of Knee Joint, specifically through the action of Nux vomica. The evidence-based approach used in this study showcases the systematic process of case taking and examination, adhering to established guidelines within Orthopedics. The selection of the appropriate remedy was informed by both computerized repertory analysis and thorough reference to Materia Medica. The outcome of this approach was remarkably positive, as evidenced by the significant improvement observed in the patient's condition. This study underscores the significant role that homeopathic remedies, particularly Nux vom, can play in effectively managing

Anterior Cruciate Ligament Injury of Knee Joint. In the broader context of medical studies, this case serves as a noteworthy example of how complementary and alternative medicine, such as homeopathy, can contribute to patient care. The utilization of an evidence-based approach to remedy selection adds credibility to the efficacy of homeopathy in treating specific medical conditions. This case study not only highlights the potential of homeopathic remedies but also showcases the importance of adhering to established guidelines and utilizing modern tools, such as computerized repertory, to inform medical decisions. However, despite the positive outcome presented in this case study, there are notable gaps and challenges that warrant consideration. One potential limitation is the absence of a comparative group, such as a control group receiving conventional treatment, to provide a more comprehensive assessment of the efficacy of homeopathic remedies in comparison to standard medical interventions. Additionally, while this study emphasizes the success of Nux vomica in the context of Anterior Cruciate Ligament Injury of Knee Joint, further research could explore the variability of outcomes across different homeopathic remedies for similar conditions. Moreover, the mechanisms underlying the effectiveness of homeopathy remain a subject of debate and warrant further investigation to gain a deeper understanding of the physiological and molecular processes at play. The presented case study illuminates the potential of homeopathic remedies, particularly Nux vomica, in the management of Anterior Cruciate Ligament Injury of Knee Joint and also the efficacy of auxillary management with physiotherapy. This evidence-based approach, coupled with adherence to established medical guidelines and utilization of modern tools, highlights the valuable role that complementary and alternative medicine can play in patient care. While the study provides promising insights, addressing the noted gaps and conducting further research will contribute to a more comprehensive understanding of the broader implications of homeopathic interventions in the field of orthopedics and medicine as a whole.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Giuliani JR, Kilcoyne KG, Rue JP. Anterior cruciate ligament anatomy: a review of the anteromedial and posterolateral bundles. J Knee Surg. 2009 Apr;22(2):148-54.
2. Sutton KM, Bullock JM. Anterior cruciate ligament rupture: differences between males and females. J Am Acad Orthop Surg. 2013 Jan;21(1):41-50.
3. OrthoInfo. American Academy of Orthopaedic Surgeons - AAOS. March 2014. Archived from the

- original on 5 July 2017. Retrieved 30 June 2017
4. Yu B, Garrett WE. Mechanisms of non-contact ACL injuries. *Br J Sports Med.* 2007 Aug;41 Suppl 1(Suppl 1)
 5. Shimokochi Y, Shultz SJ. Mechanisms of noncontact anterior cruciate ligament injury. *J Athl Train.* 2008 Jul-Aug;43(4):396-408.
 6. Boden BP, Dean GS, Feagin JA, Garrett WE. Mechanisms of anterior cruciate ligament injury. *Orthopedics.* 2000 Jun;23(6):573-578.
 7. Hahnemann S. *Organon of medicine.* B. Jain publishers; c2005.
 8. Boger CM. *Boenninghausen's Characteristics Materia Medica and Repertory.*
 9. Synergy Homeopathic Software – Synergy Homeopathic [Internet]. [cited 2024 Jun 19]. Available from: <https://www.synergyhomeopathic.com/synergy-homeopathic-software/>
 10. Boericke W. *Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies (clinical and Pahtogenetic [sic]) Including Indian Drugs.* B. Jain publishers; c2002.
 11. Tyler ML. *Homoeopathic drug pictures.* B. Jain Publishers; c1990.
 12. Allen HC. *Allens Keynotes Rearranged & Classified.* B. Jain Publishers; c2002.

How to Cite This Article

Nigel RS, Sankar SAS, Sowmya RSG, Vinita KS. Efficacy of homoeopathic treatment in anterior cruciate ligament injury: Case study. *International Journal of Homoeopathic Sciences.* 2024;8(2):415-418.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.