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Utility of BCCR in management of osteoarthritis

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Abstract

Introduction: Osteoarthritis (OA) is an enlightened disorder of cartilage degradation, synovial inflammation osteophytes formation thinning of joint space and sub-chondral sclerosis. Cartilage act as cushion between the bones of joints and prevent the rubbing of bones on each other. In between two cartilage of bone joint, synovial fluid filled, which secreted by synovial membrane for lubrication of the joints. OA leads to pain, disability as well as difficulty in joints and restrict the routine movements of human beings ^[1].

Methods: Study Design: An Open label single arm Trial 100 cases of Osteoarthritis were randomly recruited and followed up for 3 months. The diagnosis was based on clinical examination & radiography. The Homoeopathic medicines were prescribed on the basis of totality of symptoms with the help of BCCR. Potency selection, dosage & repetition of medicine were done according to 5th and 6th edition of Organon of Medicine respectively. The assessment of utility of homoeopathic medicine selected with the help of BCCR in OA cases by using NPRS.

Results: NPRS before and after score concludes effectiveness of treatment with significant improvement in pain with individualized Homoeopathic medicine selected with the help of BCCR.

Conclusion: Homoeopathic medicine offers significant relief in pain management to patients suffering from Osteoarthritis. Homoeopathic medicines were selected with the help of BCCR on the basis of symptoms.

Keywords: Osteoarthritis, boger boeninghausen's characteristics & repertory, homoeopathic medicines

Introduction

Osteoarthritis (OA) is an enlightened disorder of cartilage degradation, synovial inflammation osteophytes formation thinning of joint space and sub-chondral sclerosis. Cartilage act as cushion between the bones of joints and prevent the rubbing of bones on each other. In between two cartilage of bone joint, synovial fluid filled, which secreted by synovial membrane for lubrication of the joints. OA leads to pain, disability as well as difficulty in joints and restrict the routine movements of human beings ^[1]

OA is highly confused with commonly occurring disease osteoporosis. Both of these are related to joint pain and produce similar physiological symptoms, but difference is in the occurrence site. Osteoporosis affects the bones while OA affects the cartilages. OA is characterised in two categories as primary and secondary. Primary OA is age related and occurs in old age while secondary OA may occur due to accidental injuries or a side-effect of pre occurring diseases. The best way of management of OA is regular exercise and maintenance of diet. It is also recommended to avoid sitting on the ground or with cross-legged position. All body joints may be affected by OA but knee joints are more precious, tracked by the hip. OA in lower limbs diminish flexibility of organs and cause stiffness.

OA accounts as most prevalent musculoskeletal disease among the world and is most common reasons of joint disability in approximately 100 million people among world having age over 45 years, which is approximately 15% of all musculoskeletal disorders. More than 50% population over 65 years have radiographic confirmation of OA in any of the joints and younger population is prone to injury-induced OA.

A number of peoples of different age & sex are suffering from this disease. Osteoarthritis also occurs due to adverse effect of conventional medicines. The Boger Repertory was one of the best classical repertories, which is based on causation, pathological generals & complete symptoms. Therefore, I have made this attempt to understand the importance and effectiveness of BCCR with reference to the management of Osteoarthritis.

Material & Methods

Study setting: The present study was undertaken at OPD /IPD/Peripheral OPD of M.N. Homoeopathic Medical College & R.I. Bikaner, Rajasthan.

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Sample size & Selection Of samples: Total 100 cases were Selected through randomization table, under the consideration of exclusion and inclusion criteria.

Inclusion criteria

Screening: Screening will be done on the basis of presenting complaints.

- Patients aged 35-90 years of both sexes were included.
- Radiographically confirmed cases Osteoarthritis.

Exclusion criteria:

- Females who want to concieve, Pregnant or lactating.
- Other joint disease or any systemic disease.
- Cases Taking medicines from other mode of treatment & were not willing to leave it.
- Immuno compromised Patient.

Study Design: An Open label single arm Trial

Study Duration for 12 months.

Brief procedures

- a. After Institutional Ethical Clearance, identified cases as

per the inclusion and exclusion criteria had been taken up for study.

- b. Detailed case definition beginning from LSMC (Location, Sensation, Modalities, and Concomitant) including the Onset, Duration and Progress of the presenting manifestations.
- c. Life space investigation of each patient through detailed case receiving, with designed Case record format and Numerical Pain rating Scale.
- d. Case processing, selection and administration of the similimum based on the concept of Individualization as stated by our stalwarts.
- e. Studying the response of homoeopathic medicine as per the outcome assessment parameters.

Outcome Assessment Criteria

Assessment of the changes in the following domains:

- a. Numerical Pain rating Scale.
- b. Other associated complaints and its evaluation in each follow up.

Results and Discussion

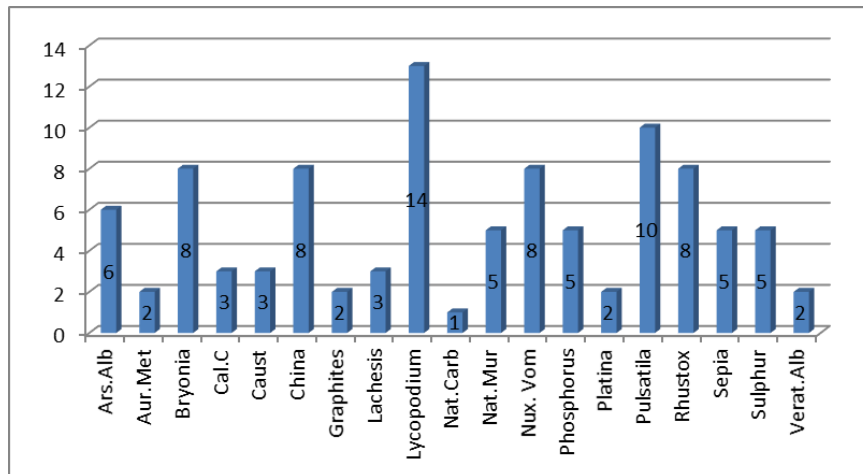


Fig 1: As shown in figure 100 case of Osteoarthritis were treated with Homoeopathic medicine selected on basis of totality of symptoms.

The most frequently prescribed homoeopathic medicines were Ars. Alb (n=6), Aur.met (n=2), Bryonia (n=8), Cal.c (n=3), Caust (n=3), China (n=8), Graphites (n=2), Lachesis (n=3), Lycopodium (n=14), Nat.carb (n=1), Nat.mur (n=5),

Nux.vom (n=8), Phosphorus (n=5), Platina (n=2), Pulsatilla (n=10), (Rhustox n=8), Sepia (n=5), Sulphur (n=5), Verat.Alb (n=2).

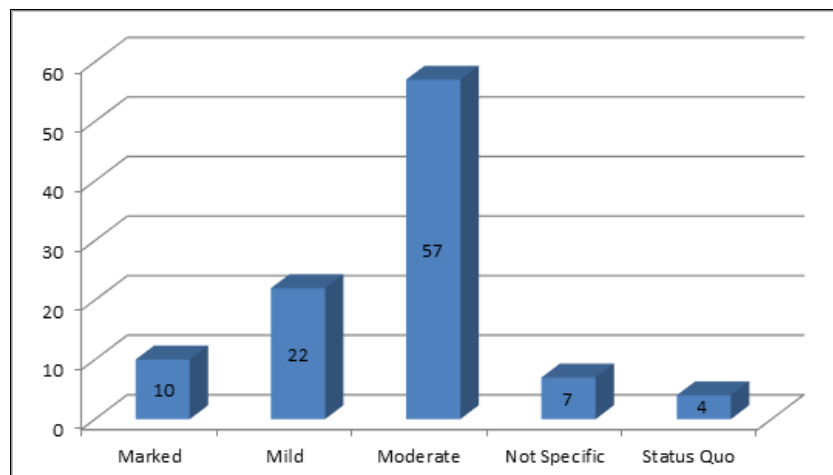


Fig 2: As shown in above figure among 100 cases of Osteoarthritis 10(10%) cases were markedly improved, 22(22%) cases were mild improved, 57(57%) cases were moderately improved, 7(7)% cases were not specific improvement and 4(4%) cases had no improvement.

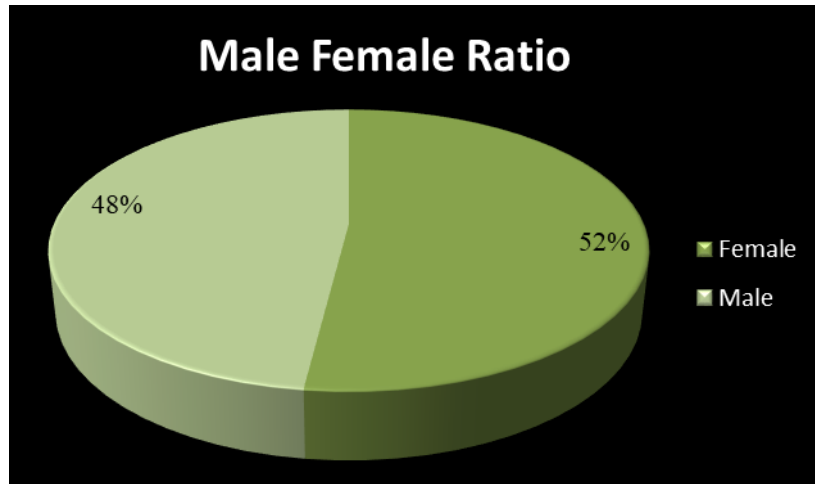


Fig 3: As shown in above figure among 100 cases of Osteoarthritis 48 (48%) were male and 52 (52%) were female.

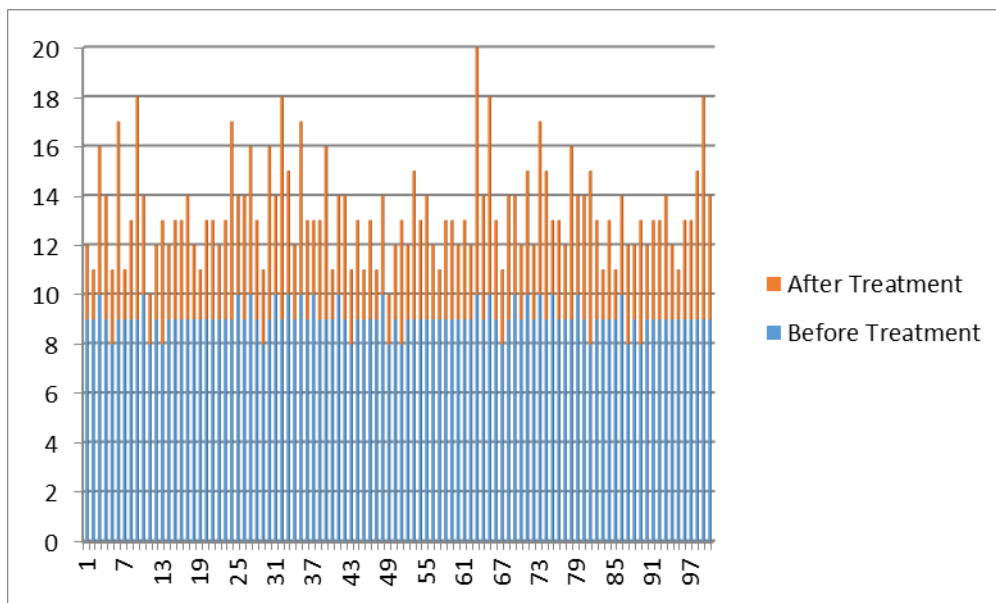


Fig 4: As shown in above figure among 100 cases of osteoarthritis 89 cases were improved either mild moderate or marked and 11 case had status quo condition or no specific improvement.

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