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Rheumatoid arthritis from homoeopathic angle

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Abstract

Various types of auto-immune diseases are manifested in our community in ever increasing day by day; Rheumatoid Arthritis is one of them. This disease is mostly difficult to cure, but in Homoeopathy scope is more than the other systems medicine, because Homoeopathic system will best on Similia Similibus Curenture, so all the curable diseases are cured by proper application of homoeopathic medicine with accurate principles and managements.

Keywords: Rheumatoid Arthritis, community, homoeopathy, principle, management.

Introduction

Rheumatoid arthritis is a common chronic, systemic disease and a systemic inflammatory polyarthritis with extra-articular involvement, e.g. in the lung and many other organs and progressive joint damage causing severe disability.

Homoeopathy has more helpful in treating cases of rheumatoid arthritis. The efficacy of Homoeopathy in treating even such so-called incurable diseases, provided the patient comes to us early and the medicine selected does not cover the surface symptoms alone but the miasmatic background as well.

Aetiology:

Auto-immunity is held responsible for this disease.

Pathology:

There are two main pathological characteristics – inflammation and proliferation.

The synovium shows signs of a chronic inflammatory reaction, with infiltration of lymphocytes (especially CD4 T cells), plasma cells and macrophages. It then proliferates and grows out over the surface of the cartilage, producing a tumour-like mass called “pannus”

Symptoms:

- Joint pain: the pain is worst on waking in the morning and may improve with activity. There is often pain at night and disturbed sleep
- Morning stiffness: often lasting for several hours
- General symptoms: fatigue and general malaise are common
- Disability: depends upon the change in the individual joints.

Signs:

- Swelling: soft tissue swelling caused by effusion
- Warmth
- Tenderness on pressure and on movement
- Limitation of movement with muscle wasting around the affected joint
- Deformities occurring in the latter stage of the disease.

Common joint deformities in RA:

- ▲ Swan-neck deformity
- ▲ Boutonnière deformity
- ▲ Ulnar deviation of fingers.

Non-Articular Features

A. soft tissue surrounding joints:-

- Rheumatoid nodules are found in about 20% of cases. They are most often felt on the ulnar surface of the forearm below elbow. Patients with nodules are usually sero-positive.

2. Bursitis: The olecranon and other bursae may be swollen
3. Teno-sinovitis: Particularly affecting the flexor tendon in the palm of the hand.
4. Muscle wasting around the affected joint.

B. The eyes

1. The commonest eye problem in RA is secondary Sjogren's syndrome in 15% cases (Kerato-conjunctivitis sicca), a dry mouth (xerostomia) and RA
2. Scleritis may occur, causing a painful red eye.

C. The nervous system:

1. Carpal tunnel syndrome is the commonest
2. Poly neuropathy occurs rarely causing glove and stocking sensory loss and sometime motor weakness

D. The spleen, lymph nodes and blood:

1. Palpable lymph nodes are common, usually in the distribution of the affected joint.
2. The spleen may be enlarged. RA with splenomegaly and neutropenia is known as Felty's syndrome
3. Anaemia: Usually normochromic and normocytic anaemia is seen
4. Thrombocytosis may occur.

E. The lungs:

1. Pleural effusion: commonest, the fluid has a high protein and low sugar content
2. Rheumatoid nodules in the lungs can be up to 3 cm in diameter.
3. Small airway disease is commoner in patient with RA smoke than in normal people who do not smoke.

F. the heart

A pericardial rub is often heard in patient with RA.

G. The kidneys:

RA is a common cause of amyloidosis affecting the kidney. It usually presents as proteinuria and may go on to renal failure or to the nephritic syndrome.

Classification of Disease Severity in RA:

Class I: No restriction of ability to perform normal activity
 Class II: moderate restriction, but adequate for normal activities
 Class III: Marked restriction, inability to perform most duties related to occupation of self care.
 Class IV: Incapacitation or confinement to wheel chair or bed.

Investigations:

Haematological studies

- ▲ TC
- ▲ DC:
- Leucopenia, especially neutropenia, is found in Felty's syndrome
- Eosinophilia suggests vasculitis.
- ▲ ESR generally elevated
- ▲ Hb% mild form anaemia mostly normocytic, normochromic
- ▲ C-reactive protein are elevated

Biochemical test:

- Plasma albumin to globulin ratio may be altered
- Liver function tests- active disease is associated with a slight increase in the alkaline phosphate.
- Hyperuricemia may be present.

Microbiological test: Synovial fluid culture is always necessary when arthrocentesis is carried out because there may be co-existent infection.

Serological:

- Rheumatoid factor (RF)
- The high titer of RF is expected to be present. But the presence of RF is not specific for RA.
- Antinuclear antibodies:
- Antinuclear antibodies are demonstrable in 20% of patient.

Citrullinated cyclic peptide (CCP) antibodies:

These are measured by an ELISA technique.

Radiological findings:

It shows characteristic changes are symmetrical pattern of involvement

- Soft tissue swelling
- Joint space narrowing
- Marginal erosion.
- Mouse eaten appearance due to erosion
- Joint deformity
- Bone end may show osteoporosis and cyst may develop

Synovial fluid analysis

- Rheumatoid synovial fluid is cloudy and often green tinged
- The white cell count varies between 5-50000 cells per micro liter.
- Synovial fluid glucose is often reduced.

Diagnosis:

In 1977, the American college of Rheumatology developed revised criteria for the classification of Rheumatoid arthritis. These are following:

1. Guideline for classification.

Four or seven criteria are required to classify a patient as having rheumatoid arthritis

2. Criteria:

- a. Morning stiffness: stiffness in and around the joint lasting one hour before maximal improvement
- b. Arthritis of three or more joint areas, at least three joint areas observed by a physician simultaneously, have soft tissue swelling or joint effusion.
- c. Arthritis of hand joint; arthritis of wrist, metacarpophalangeal joint or proximal inter-phalangeal joint
- d. Symmetric arthritis; simultaneous involvement of the same joint areas on both sides of the body
- e. Rheumatoid nodules
- f. Serum rheumatoid factor: demonstration of abnormal amounts of serum rheumatoid factor
- g. Radiographic changes

Among these, criteria a-d must be present for at least 6 weeks, criteria b-e must be observed by a physician.

Differential Diagnosis

1. Osteoarthritis:
 - Big weight bearing joints of the lower limbs e.g. hip, knee ankle joints are involved
 - Heberden's nodes can be seen end of the fingers.
 - Difficulty in movement of the joints in the early morning
 - Development of osteophytes in x-ray.
 - Normal ESR.
2. Psoriatic arthritis:
 - Psoriatic skin lesion may be there.
 - Distal inter-phalangeal joints involvement is very common
 - Nails are cracked, pitted and thickened
 - The RF is negative.
3. Reiter's syndrome:
 - Common in males.
 - There is poly arthritis, non-gonorrhoeal urthritis and conjunctivitis
 - The joints of the lower limbs are affected.
4. Rheumatic arthritis:
 - Big joints are affected one after another. (Fleeting arthritis)
 - Tonsils are inflamed, evidence of carditis
 - In blood anti-streptolysin 'O' (ASO) titer is high.
5. Tuberculous arthritis:
 - Single joint is involved, more commonly the spine and the hip joint.
 - Low grade pyrexia, emaciation, anorexia, easy sweating etc are seen.
 - Evidence of tubercular infection is present.
 - ESR is increased.
 - Mountex test is positive.
6. Traumatic arthritis:
 - History of trauma will be present. Usually single joint is involved.
7. Gouty arthritis:
 - H/O acute gouty attack with inflamed swollen first meta-tarso-phalangeal joint may be present.
 - Gouty tophi may be present.
 - Uric acid level in the blood is usually elevated.
8. Gonorrhoeal arthritis:
 - History of exposure and urethral discharge are present.
 - Gonococci may be found in the urethral discharge.
 - Complement fixation test is usually positive.
9. Pyogenic arthritis:
 - Joint is mono-articular.
 - The skin is red, oedematous, glossy, and tender with local rise of temperature.
 - Constitutional symptoms are present.
10. Haemophilic arthritis:
 - History of haemophilia is present.
 - Males are affected.
 - Knee joints are usually involved
 - History of trauma is usually present.

- Coagulation time is usually prolonged.

Management

In the management of RA the goals of the physician are:

1. Relief of pain.
2. Reduction of inflammation.
3. Protection of articular structures.
4. Maintenance of function
5. Control of systemic involvement.

To achieve these following procedures are taken:

- a. Systemic rest
- b. Articular support
- c. Exercise:

It may be with either of two main objectives.

- To maintain or improve the range of joint movement.
- Increase muscle strength and improve joint stability
- d. Heat and cold: radiant or moist heat is generally most satisfactory. Some patient derives more relief from joint pain from local application of cold.
- e. Hydrotherapy: It can use to
 - Reduce pain.
 - Increase range of movement.
 - Increase muscle power.
- f. Support and stabilization of joint.
- g. Weight loss.
- h. Diet.

Homoeopathic Concept of Rheumatoid Arthritis

Homoeopathy recognized no such method of treatment as prescribing for any diagnostic entity by name. According to Homoeopathic system of medicine disease is primarily only on altered state of life and mind, manifesting itself on morbid functions and sensation. To a homoeopathic physician the totality of the morbid functions and sensation of one patient is the disease. The totality of symptoms constitutes the true and only conceivable portrait of the disease. Totality of symptoms should be considered in the treatment of a patient, which is the only guide of the homoeopathic treatment. Classification of the diseases by Hahnemann is unique, rational and clinical one. His classification is based on many clinical criteria which will remain unchanged forever. They are divided into acute and chronic diseases. Acute diseases are generally only a transient explosion of latent psora whereas true chronic diseases are caused by a chronic miasm. Rheumatoid arthritis is a degenerative disease. Degenerative diseases are always outcome of active miasmatic mixtures. The miasmatic diversification of the human mind, together with its civilization' brings on a condition favoring a degenerative disease. Psora is a perturbation of nutrition. Sycosis compels it to accumulate debris which should be eliminated, and syphilis cause it to degenerate. Since all of these conditions can act as the true causes of all imbalances—both dynamic and somatic.

Rheumatoid arthritis: A miasmatic view from the standpoint of clinical feature:**Psora:**

- Neuralgic pains are usually relieved by quite, rest and warmth, worse by motion.
- Cramps in the lower extremities in the calves of the legs, in the feet toes, ankles.
- Numbness of the extremities with tingling in the

fingers.

Sycosis:

- Shooting and tearing pains in the muscles and the joints, pain in fingers or small joints.
- The sycotic pains are relieved by rest and the patient is relieved by moving, by rubbing, stretching, and better in dry, fair, weather.
- Pain worse at the approach of a storm or a damp, humid atmosphere and becoming cold.
- Stiffness and soreness, especially lameness, is very characteristic of sycosis
- Infiltration of inflammatory deposits, but it readily absorbs and never formative.
- It produces violent palpitation with beating of the whole body from reflex rheumatic trouble.

Syphilis:

- Stitching, shooting or lancinating pains in the periosteum or long bones of the upper or lower extremities
- Pains worse at night, or at the approach of the night. They are also worse by change of weather, by cold and damp atmosphere.
- Nodular growth.
- Infiltration of inflammatory deposits which are permanent.

Few drugs used in Rheumatoid Arthritis:

Arnica Montana

- a. Sensation as if the whole body had been bruised and as very sore.
- b. Restlessness and excessive sensitiveness of whole body
- c. Bed seems hard to lie upon but thinks other complaints are better.
- d. Heat of upper parts of the body, coldness of lower.

Bryonia Alba

- a. Aggravation from any motion and corresponding relief from absolute rest, either mental or physical.
- b. Excessive dryness of the mucous membranes of the entire body.
- c. All types of pains of bryonia are relieved by pressure.
- d. Bryonia patients are irritable and complaints started after irritability.

Ledum Pal

- a. Swelling of feet and legs up to knees, purple and mottled > when holding feet in ice water.
- b. Rheumatism begins in lower limbs and ascends. < Warmth of bed, motion, evening.
- c. Pains are sticking, tearing, throbbing.
- d. Emaciation of the affected parts.

Guaiacum

- a. Rheumatic pain aggravated from heat and motion.
- b. Alteration of offensive sweat and offensive urine.
- c. A feeling of heat in affected limb.
- d. Tending for alteration of the affection of the tonsils and rheumatic affection.

Mercurius

1. Pain <at night, heat of the bed and from profuse sweat.
2. Excessive sweat, excessive thirst, and excessive

salivation.

3. Tongue:- large, flabby, shows imprint of teeth.
4. Offensiveness and difficulty in lying on right side.

Pulsatilla

1. Wandering pains shifts rapidly from one part to another with swelling and redness of the joint.
2. Rheumatism caused by getting wet especially the feet.
3. Thirstlessness.
4. Pains are worse from heat and body is always hot.
5. Persons of indecisive, slow, phlegmatic type easily moved to tears.

Rhus Toxicodendron

1. Pains are worse after midnight, in wet rainy weather.
2. Lameness, stiffness and pain on first moving after rest or on getting up in the morning >by walking or continued motion, heat.
3. Great restlessness, anxiety, cannot remain in bed, must change position often to obtain relief from pain.
4. Tongue: - dry, sore, red, cracked, triangular red tip; takes imprint of teeth.

Ruta Graveolens

1. Bruised lame sensation all over, as after a fall or blow, worse in limbs and joints.
2. All parts of the body upon which he lies are painful, as if bruised.
3. Restless turns and changes position frequently when lying.
4. Backache, relieved by lying on the back.

Sulphur

1. Standing is the worst position for sulphur patients, they cannot stand
2. Dirty, filthy people aversion to being washed.
3. Complaints are continually relapsing.
4. Sensation of burning on vertex, palm and sole.
5. Weak, empty, all gone or faint feeling in the stomach about 11 am cannot wait for lunch.

Thuja Occidentalis

1. Rheumatic pain aggravated in cold weather, rainy season and at 3 A.M
2. Fixed ideas and various dreams in sleep.
3. Ailments from bad effects of vaccination from suppressed or maltreated gonorrhoea.
4. Sweat only on covered parts or all over except the head, when he sleeps, stops when he wakes.
5. Fig warts, condylomata and wart-like excrescences upon mucus and cutaneous surfaces.

Kali Bichromicum

1. Rheumatism alternate with gastric symptoms, one appearing in the fall and other in the spring, rheumatism and dysentery alternate.
2. Pain in small spots, can be covered with point of finger.
3. Pain shift rapidly from one part to another
4. Pain appears and disappears suddenly.
5. Chilly patient.

Colchicum

1. Pains are drawing tearing, pressing, light or superficial during worm weather, affects the bone and the deeper

tissue when air is cold.

2. Pain goes from left to right.
3. Arthritic pain in joints—patient screams with pain on touching a joint or stubbing a toe.
4. Urine dark, scanty or suppressed, in drops with white sediments, bloody, brown, black, inky.
5. Smell painfully acute, nausea and faintness from the odor of cooking food.

Syphilitum

1. Pain from darkness to daylight, begins with twilight and end with daylight.
2. Pain increases and decreases gradually, shifting and require frequent change of position.
3. Craving alcohol, in any form, hereditary tendency to alcoholism.
4. Rheumatism of the shoulder joint or at the insertion of deltoid <from rising arm laterally.

Tuberculinum

1. When with a family history of tubercular affection the best selected remedy fails to relieve or permanently improve.
2. Desire for milk, aversion to meat.
3. Cosmopolitan.
4. Takes cold easily without knowing how or where.
5. Emaciation rapid and pronounced, loosing flesh while eating well.

Medorrhinum

1. Intense burning heat, beginning in nape of the neck and extending down to the spine.
2. Burning of hands and feet, wants them uncovered and fanned.
3. Insatiable craving for liquor, for salts, for sweets, ice, acid, orange, green fruit.
4. Weakness of the memory, cannot remember names.
5. Intense restless and fidgety legs and feet.

Repertorial Approach in Rheumatoid Arthritis:

According to Dr. Kent repertory- Chapter- extremities-taken only higher grade medicines

Pain

Rheumatic

1st Grade: **Arn, Ars, Aur-m-n, Bad, Bez-ac, Bry, Caust, Cham, Chel, Colc, Form, Kali-I, Kalm, Lyco, Medo, Nat-a, Phyt, Puls, Rhod, Rhus-t, Sang, Sarc, Sulph.**

Pain rheumatic right to left: **Lyco**

Pain rheumatic left to right: **Lach, Rhus-t**

Pain acute: **Acon, Bryo, Colch, Merc, Rhus-t**

Pain rheumatic alternating with:

Gastric symptoms: **Kali-bi**

Diarrhoea: **Kali-bi**

Pulmonary trouble: **Kali-bi**

Pain rheumatic Cold after a:

Amel: **Led, Puls, Sec**

Becoming: **Rhut-t**

Weather: **Bryo, Calc-p, Rhus-t**

Drive him out of bed: **Cham, Merc.**

Gonorrhoea after suppressed: **Medo, Thuj**

Mercury abuse of: **Chin, Guaj, Hep, Sarc.**

Perspiration with: **Form, Merc**

Syphilitic: **Kali-i**

Weather cold: **Bryo, Calc-P Rhus-t**

Worm weather in: **Colch**

Extending upward: **Led**

Sitting: **Valer**

Thunderstorm agg: **Med, Rhus-t**

Touch agg: **Chel**

Walking on amel: **Rhus-t**

Wandering, sifting: **Amn-m, Carb-s, Kali-s, Lac-c, Puls**

Warmth agg; **Sec**

Amel: **Ars, Kali-bi, Kali-p, Mag-p, Rhus-t, Sil**

Of bed agg: **Merc**

Amel: **Ars, Rhus-t**

Wet weather agg: **Calc, Colch, Merc, Puls, Rhod, Rhus-t**

Verat

Pain, joint, rheumatic:

Aur, bry, Calc-p, Caust, Colch, Fer-p, Form, Iod, Kali-bi, Lyco, Rhus-t, Spig

Gonorrhoea after suppressed: **Med, Thuj**

Pain, upper limb, rheumatic: Bryo, Calc-p, Colch, Ferr, Merc, Rhus-t, Sang

Shoulder, rheumatic: **Colc, Ferr, Med, Rhod, Rhus-t, Sulph**

Upper arm, rheumatic: **Ferr, Rhus-t, Sang**

Wrist, rheumatic: **Ruta, Rhus-t.**

Pain, Hand, Rheumatic: Caul, Colch, Rhus-t

Fingers, rheumatic: **Caul**

Pain, lower limb, rheumatic: Led

Hip, rheumatic: **Colch, Rhus-t**

Knee, rheumatic: **Bryo, Calc, Kali-c, Rhus-t.**

Foot, rheumatic: **Hep, Led.**

Heel, rheumatic: **Rhod**

Conclusion

Homoeopathy is best on symptoms similarity with individualization of the patient according to homoeopathic principles. If diagnosed early the patient may possibly be cured. But in most cases the patients come to us very late when deformities have already been formed and all systems are severely affected. In such cases, cure may not be possible. But the progress of the disease may be well controlled in all respects. This is only possible if treated by constitutionally and anti-miasmatically.

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