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Utility of Pulford's repertory of rheumatism and sciatica in the individualized homoeopathic management of rheumatoid arthritis: A case report

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Abstract

Rheumatoid arthritis (RA) is a chronic autoimmune disorder causing joint pain, swelling, and stiffness. Homoeopathy aims for individualized management through totality-based prescriptions.

Case Summary: A 50-year-old female with chronic polyarthritis and restricted movements was treated using *Pulford's Repertory of Rheumatism and Sciatica*, which emphasizes regional modalities in rheumatic diseases. *Bryonia alba 200CH* was prescribed based on the totality of symptoms.

Results: Significant improvement was observed in pain, stiffness, and joint mobility. The DAS-28 score reduced from 6.2 to 2.3, with normalization of ESR and CRP, marking clinical remission.

Conclusion: This case demonstrates the effectiveness of individualized homoeopathic management of RA using *Bryonia alba*, guided by Pulford's repertory, showing marked reduction in disease activity and improved quality of life.

Keywords: Homoeopathy, Pulford repertory, rheumatoid arthritis, regional repertory, RA factor

Introduction

Rheumatoid arthritis (RA) is a systemic autoimmune condition characterized by chronic inflammation of the synovial membrane, progressive joint destruction, and systemic involvement [1, 2]. Despite advances in pharmacological therapy, challenges remain in achieving sustained remission without adverse effects [3, 4]. In this context, homoeopathy offers a holistic and individualized approach focusing on totality of symptoms, modalities, and general constitution [5].

The significance of this research lies in the integration of classical homoeopathic philosophy with modern objective evaluation using RA factor trends. Although repertories like Kent's and Boenninghausen's are widely used, limited research has been conducted to validate the clinical utility of Regional Repertories, particularly Alfred Pulford's 'Repertory of the Symptoms of Rheumatism and Sciatica'. Pulford's repertory focuses exclusively on rheumatic and sciatica conditions, making it a precise tool for differentiating remedies in joint and muscle pathologies [6, 7, 8]. The present study bridges this research gap by exploring the practical application and efficacy of Pulford's repertory in a rheumatoid arthritis case with measurable biochemical outcomes [7].

The repertory's strength lies in its compact structure emphasizing modalities, sensations, and concomitants key factors often overlooked in broader repertories. This case report therefore highlights not only the therapeutic efficacy of individualized homoeopathy but also the relevance of using focused regional repertories in clinical practice [9].

The DAS28 (Disease Activity Score 28) is a standardized system developed by EULAR to measure the severity and progression of rheumatoid arthritis by assessing 28 joints, including fingers, hands, elbows, shoulders, and knees. It combines joint counts, inflammation markers (ESR or CRP), and patient-reported pain to give a score from 2.0 to 10.0, where higher scores indicate more active disease, and scores below 2.6 indicate remission. DAS28 allows consistent monitoring of disease activity and treatment response in both clinical practice and research [3, 4].

DAS-28 (Disease Activity Score) Assessment [3, 4]

The DAS-28 (Disease Activity Score using 28 joint counts) was employed. This composite index considers:

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1. Tender Joint Count (TJC-28)
2. Swollen Joint Count (SJC-28)
3. Erythrocyte Sedimentation Rate (ESR)
4. Patient's Global Assessment of Health (VAS scale 0-100)

The following formula was used

$$DAS-28 = 0.56 \times \sqrt{TJC-28} + 0.28 \times \sqrt{SJC-28} + 0.70 \times \ln(ESR) + 0.014 \times VAS$$

Table 1: DAS-28 (Disease Activity Score) Assessment:

DAS-28 Range	Disease Activity	Interpretation
< 2.6	Remission	No active inflammation
2.6 - 3.2	Low	Mild disease activity
3.2 - 5.1	Moderate	Active disease, manageable
> 5.1	High	Severe, active inflammation

Visual Analog Scale (VAS) - Pain (0-10) - Patient rates pain intensity
0 = no pain, 10 = worst pain imaginable

Case Report

Patient information

A 50-year-old female homemaker with a sedentary lifestyle came at 25th January 2025, with chief complaint pain, swelling, and stiffness in both wrists and knees for the past

two years. The pain was tearing and stitching, worse in the morning and during cold or damp weather, and relieved by warmth and rest. Occasional pain in small joints of the hands and feet, general weakness, and disturbed sleep. The complaints began gradually in the finger joints and extended to the wrists and knees, with morning stiffness lasting over an hour and hindering daily activities. She had no history of diabetes, hypertension, thyroid disorder, or tuberculosis. Her mother suffered from osteoarthritis. The patient attained menopause at 37 years without complications. Emotionally, she was sensitive, easily offended, anxious about health, and irritable during pain. She felt dependent due to restricted mobility, desired company. Appetite was moderate, thirst increased, preference for warm food and drinks, and perspiration was offensive, especially on feet. Sleep was disturbed due to pain, and she was thermally chilly. On examination, pulse was 82/min, BP 126/78 mmHg. Both wrists and knees showed swelling, tenderness, and restricted motion with mild crepitus. Knee joints were slightly swollen and painful on movement, without redness or warmth.

Diagnostic Assessment

RA FACTOR - Positive 252.15 IU/mL (20/01/25) (see - Figure 1 below)

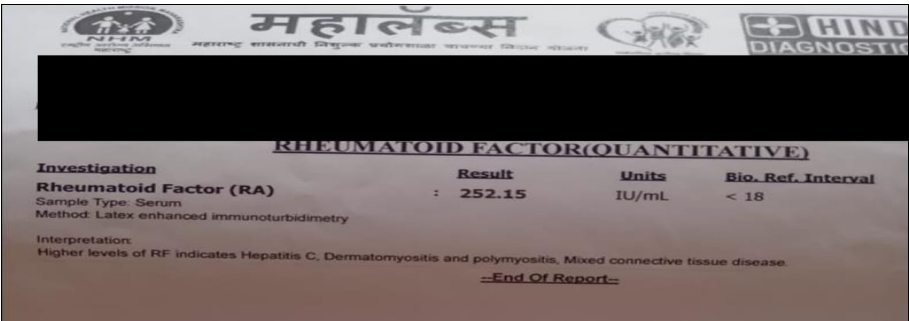


Fig 1: Before treatment RA factor Report



Fig 2: Before treatment ESR reports

The Disease Activity Score (DAS-28) was calculated to assess severity. The baseline DAS-28 score was 6.2, indicating high disease activity.

Table 2: DAS 28 Assessment Scale

Assessment Parameter	Findings	Interpretation
Tender Joint Count (28)	20	Multiple tender joints
Swollen Joint Count (28)	18	Severe inflammation
ESR (mm/hr)	29 (see - Figure 2 above)	High disease activity
VAS (Pain scale 0-10)	8	Severe pain
Calculated DAS-28	6.2	High disease activity

Hahnemannian Classification of Disease

Chronic disease - Dynamic - fully developed symptoms -

mixed miasmatic disease - syco - syphilitic disease.

Table 3: Miasmatic Analysis

Miasm	Indicative Symptoms	Evidence in Case
Psora	Morning stiffness, sensitivity, anxiety, irritability, disturbed sleep	Present in mental & general features
Sycosis	Swelling of joints, aggravation from damp weather, gradual onset	Dominant miasm
Syphilis	Destructive pathology, stitching pain, joint deformity tendency	Latent syphilitic background

Dominant Miasm: Syco-syphilitic**Analysis and Evaluation of Symptoms****Mental Generals**

- Emotionally sensitive, easily offended, anxious about health (+)
- Desire company (+)
- Irritable during pain (++)

Physical Generals

- Thermal reaction:** Chilly (+++)
- Perspiration offensive, particularly on feet (++)
- Desire for warmth (+++)
- Sleep disturbed due to pain (++)

Particular Symptoms

- Pain in both wrists and knees (+++)
- Tearing and stitching character (+++)
- Aggravation:** Cold and damp weather (+++)
- Amelioration:** By warmth and rest (+++)

- Morning stiffness lasting >1 hour (+++)

Totality of Symptoms

- Rheumatic tearing and stitching pains in wrists and knees
- Aggravation from cold, damp weather
- Amelioration by warmth and rest
- Morning stiffness >1 hour
- Irritable
- Desires company

PDFEmotionally sensitive, easily offended, anxious about health
Thermal - CHILLY**Repertorial Approach**

Using Pulford's Repertory of Rheumatism and Sciatica for Repertorisation as in this case region-wise, symptom-specific, and modality present by using Repertorisation sheet (see below - Figure 3, Figure 4, Figure 5, Figure 6).

REPERTORIAL ANALYSIS				
	SYMPTOMS	RUBRICS	PAGE NO.	
①	Jt Pains agg by Morning arising	Jt Pains - Aggravation - morning - on rising	09	
②	Jt Pains agg by at every change of weather	Jt Pains - Aggravation - weather - at every change of	12	
③	Jt Pains agg by Damp weather	Aggravation - Damp weather	17	
④	Jt Pain Amel by Rest	Jt Pains - Amelioration - Rest	20	
⑤	Jt Pain Amel by warmth	Amelioration - By warmth	21	
⑥	Weakness & Heaviness sensation all Jt	General symptoms - weakness & heaviness of all limbs	189	
⑦	Sensation - tearing hypersthesia Pain	General symptoms - Rheumatism Pain - tearing	175	
⑧	Sensation - stitching hypersthesia Pain	General symptoms - Rheumatism Pain - stitching	176	
⑨	Swelling & Pain in wrists & ankles - all	Wrists - Rheumatism - of Ankles - Rheumatism - of	51	
⑩	Rheumatism	General symptoms - Rheumatism	177	
	REMEDIES	RELATIVE VALUES	REMEDIES	RELATIVE VALUES
	1. BRYONIA ALBA	14/06	6. SILLIUM	05/03
	2. RHUS TOX	12/04	7. PHYTOLACIA	04/03
	3. MERC SOL	04/04	8. LIPODOZUM	04/03
	4. SULPHUR	09/03	9. MALLINUM	03/03
	5. ACONITE	05/03	10. RHODA	03/03
Remedy Selected BRYONIA ALBA Potency				

Fig 3: Repertorial Analysis - using Repertorisation sheet

[illegible]

Final Remedy Selection and Justification

Bryonia Alba: The selected remedy Bryonia because - symptom expression — pain aggravated by motion, relieved by rest, with swelling, stiffness, dryness of mucous membranes, irritability, and desire to remain still.

Posology

BRYONIA ALBA 200CH, 4 pills x BD x 5 days followed by Sac lac x 4 pills x TDS x 15 days.

Justification: Chronic, moderately advanced pathology

with vital reactivity preserved → 200CH appropriate.

Auxiliary Measures

- Local warmth to affected joints (dry fomentation).
- Gentle range-of-motion exercises under physiotherapy advice.
- Avoid exposure to damp and cold environments.
- Balanced diet: high-protein vegetarian.
- Regular follow-up with RA Factor and DAS-28 score assessment.

Table 4: Follow up chart of case

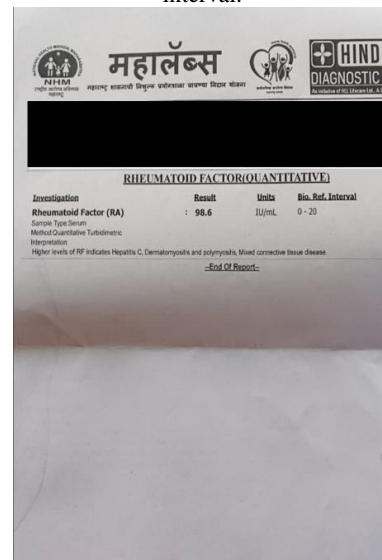
Date	Symptoms and Clinical Observations	DAS-28 score	Remedy & Posology	Remarks/Interpretation
25/01/25 (Baseline)	Severe pain, swelling, and stiffness in both wrists and knees. Morning stiffness >1 hour. Pain tearing, stitching, < cold damp weather, > warmth & rest. Occasional pain in small joints of hands and feet. Sleep disturbed, anxious, chilly patient, offensive perspiration on feet.	6.2 (High activity)	<i>BRYONIA ALBA 200CH, 4 pills x BD x 5 days followed by Sac lac x 4 pills x TDS x 15 days.</i>	Baseline evaluation; case recorded with high disease activity and inflammatory markers positive (RF, ESR).
15/02/25	Slight reduction in pain intensity. Swelling persists but less tender. Morning stiffness reduced to 45 minutes. Sleep better; irritability less. Appetite and mood slightly improved.	5.7 (Moderate-High)	<i>Sac lac x 4 pills x TDS x 15 days.</i>	Steady early response; placebo continued to observe remedy action.
03/03/25	Further improvement: Pain occasional; swelling less tense; stiffness 30 minutes. Patient reports increased mobility and energy. Sleep normal. No new symptoms.	4.9 (Moderate)	<i>BRYONIA ALBA 200CH, 4 pills x OD x 5 days followed by Sac lac x 4 pills x TDS x 20 days.</i>	Positive response confirmed; remedy repeated to consolidate progress.
26/03/25	Marked improvement in wrist and knee pain. Can perform household chores without strain. Mild heaviness before rain (damp aggravation persists slightly). Mental calmness better; less dependent feeling.	4.2 (Moderate)	<i>Sac lac x 4 pills x TDS x 20 days.</i>	Placebo continued; amelioration holding steady.
15/04/25	Pain only after prolonged exertion; swelling minimal. Morning stiffness 15-20 minutes. Appetite normal; sleep sound. No night pain.	3.5 (Moderate-Low)	<i>BRYONIA ALBA 200CH, 4 pills x OD x twice weekly followed by Sac lac x 4 pills x TDS x 20 days.</i>	Disease activity decreasing; RA FACTOR - 98.6 (see fig - 7) reduced; remedy repeated at longer interval. 
20/05/25	Nearly symptom-free. Occasional pulling sensation in knees during damp weather. Joints flexible; no swelling or redness. Sleep refreshing; emotionally stable.	2.9 (Low activity)	<i>Sac lac x 4 pills x TDS x one month.</i>	Continued placebo; no relapse. Objective improvement sustained.
22/06/25	Completely free from pain, stiffness, and swelling. Full joint mobility restored. Feels energetic; resumed full household work.	2.3 (Remission)	<i>BRYONIA ALBA 200CH, 4 pills x stat dose followed by Sac lac x 4 pills x TDS x</i>	Disease in remission; stable follow-up. Advised regular exercise and warm regimen. RA Factor negative (see Figure 12 below). ESR normalized (09 mm/hr) (see Figure 13)

Fig 4: During Treatment RA Factor Report

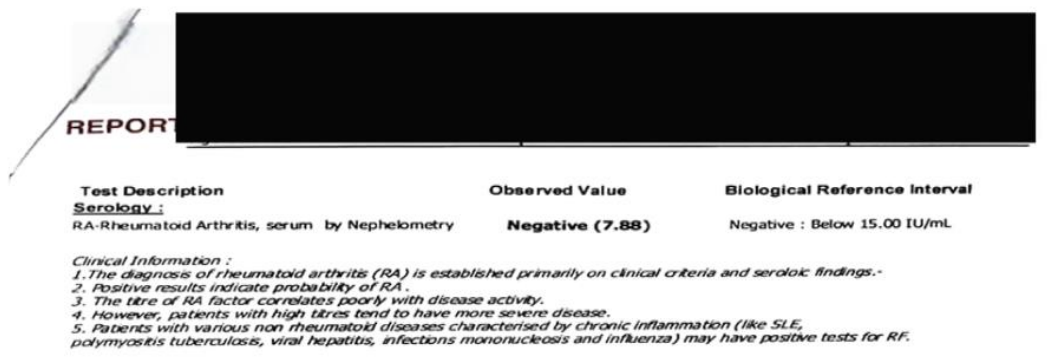
		one month.	below).
			
<p>Test Description Serology: RA-Rheumatoid Arthritis, serum by Nephelometry</p> <p>Observed Value Negative (7.88)</p> <p>Biological Reference Interval Negative : Below 15.00 IU/mL</p> <p>Clinical Information : 1. The diagnosis of rheumatoid arthritis (RA) is established primarily on clinical criteria and serologic findings. 2. Positive results indicate probability of RA. 3. The titre of RA factor correlates poorly with disease activity. 4. However, patients with high titres tend to have more severe disease. 5. Patients with various non rheumatoid diseases characterised by chronic inflammation (like SLE, polymyositis tuberculosis, viral hepatitis, infections mononucleosis and influenza) may have positive tests for RF.</p>			

Fig 5: After treatment RA factor report


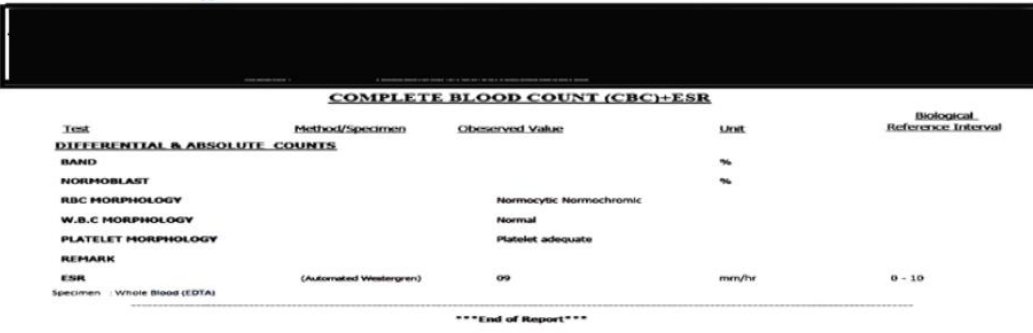
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<p align="center">COMPLETE BLOOD COUNT (CBC)+ESR</p> <table border="1"> <thead> <tr> <th>Test</th><th>Method/Specimen</th><th>Observed Value</th><th>Unit</th><th>Biological Reference Interval</th></tr> </thead> <tbody> <tr> <td colspan="5">DIFFERENTIAL & ABSOLUTE COUNTS</td></tr> <tr> <td>BAND</td><td></td><td></td><td>%</td><td></td></tr> <tr> <td>NORMOBLAST</td><td></td><td></td><td>%</td><td></td></tr> <tr> <td>RBC MORPHOLOGY</td><td></td><td>Normocytic Normochromic</td><td></td><td></td></tr> <tr> <td>W.B.C MORPHOLOGY</td><td></td><td>Normal</td><td></td><td></td></tr> <tr> <td>PLATELET MORPHOLOGY</td><td></td><td>Platelet adequate</td><td></td><td></td></tr> <tr> <td>REMARK</td><td></td><td></td><td></td><td></td></tr> <tr> <td>ESR</td><td>(Automated Westergren)</td><td>09</td><td>mm/hr</td><td>0 - 10</td></tr> <tr> <td colspan="5">Specimen : Whole Blood (EDTA)</td></tr> <tr> <td colspan="5">***End of Report***</td></tr> </tbody> </table>					Test	Method/Specimen	Observed Value	Unit	Biological Reference Interval	DIFFERENTIAL & ABSOLUTE COUNTS					BAND			%		NORMOBLAST			%		RBC MORPHOLOGY		Normocytic Normochromic			W.B.C MORPHOLOGY		Normal			PLATELET MORPHOLOGY		Platelet adequate			REMARK					ESR	(Automated Westergren)	09	mm/hr	0 - 10	Specimen : Whole Blood (EDTA)					***End of Report***				
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Fig 6: After treatment ESR report

Discussion

This case highlights the effectiveness of individualized homoeopathic treatment guided by Pulford's Repertory of Rheumatism and Sciatica, which emphasizes symptom type, location, and modalities, allowing a holistic approach to the patient's totality. The selected remedy, *BRYONIA ALBA* 200CH, matched the characteristic modalities and constitution, and Hahnemannian individualization with miasmatic understanding addressed the underlying susceptibility. The steady reduction of DAS-28 from 6.2 to 2.3, and RA factor positive to negative results and reduced subjective and objective symptoms it's demonstrate the remedy's deep and dynamic action.

The study validates that using a regional repertory can accurately guide remedy selection and achieve objective clinical improvement in rheumatoid arthritis, offering an individualized, safe alternative to conventional palliative therapies. It also underscores the importance of considering characteristic modalities and miasmatic tendencies in treatment planning.

Significance: This case demonstrates practical application of Pulford's repertory in chronic autoimmune diseases, supports evidence-based homoeopathic practice with measurable parameters, and encourages its integration in research and clinical training.

Limitations: Single-case design limits generalizability, no long-term follow-up beyond six months, and radiological reversibility in chronic RA may be limited. Lack of a control group and variations in repertory interpretation are additional constraints.

Conclusion

This case illustrates that Pulford's Repertory of Rheumatism and Sciatica is a practical and precise repertorial tool for rheumatic conditions when applied with accurate symptom analysis and miasmatic understanding. The individualized prescription of *BRYONIA ALBA* 200 CH resulted in substantial clinical and biochemical improvement, leading to remission of rheumatoid arthritis without recurrence over six months. This case reaffirms the timeless relevance of Hahanemann's principles and Pulford's Regional Repertory in managing chronic autoimmune musculoskeletal diseases effectively and safely.

Patient Consent

Informed consent was obtained from the patient for publication of clinical details.

Conflict of Interest

Not available.

Financial Support

Not available.

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