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Homoeopathic management of rheumatoid arthritis using homoeopathic medical repertory by Dr. Robin murphy through elimination process of repertorization: A case report

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Abstract
Rheumatoid arthritis (RA) is a long-term autoimmune disease that mainly affects joints, causing pain, swelling, stiffness, and deformity. This case report presents a 34-year-old male farmer suffering from multiple joint pain and stiffness for 13 years. The case was managed with an individualized homoeopathic approach using Murphy Repertory through the elimination process of repertorization. The patient's symptoms were worse at night and in cold air but better with warmth, sun exposure, and massage. Along with physical symptoms, the emotional background of grief and disappointment was also considered. A suitable remedy was selected and followed up with regular monitoring. The patient showed gradual improvement in joint movement, pain relief, and general well-being. This case highlights the usefulness of individualized homoeopathic management in chronic rheumatoid arthritis.

Keywords: Rheumatoid arthritis, Homoeopathy, Murphy Repertory, Elimination process, Chronic arthritis, Case report

Introduction
Rheumatoid arthritis (RA) is a chronic autoimmune disease that mainly affects the small joints of the hands and feet in a symmetrical pattern. It is one of the most common inflammatory joint diseases, affecting about 0.5-1% of adults worldwide. RA causes swelling, pain, and loss of joint function and can lead to permanent disability if untreated [1]. Conventional treatment includes medicines such as DMARDs and biological agents, which can reduce inflammation but often have side effects and may not completely relieve symptoms [2]. Many patients therefore turn to complementary systems like Homoeopathy, which focus on individual symptoms and holistic well-being. In homeopathic practice, repertorization is used to analyse symptoms and select a remedy based on the totality. This case shows how the Murphy Repertory and elimination method were used to manage a long-standing case of RA effectively [1, 2].

Etiology
The exact cause of RA is not fully understood. It develops due to a combination of genetic, environmental, and immune factors [3]. People with a family history of autoimmune diseases or certain HLA-DRB1 genes are more likely to develop RA [4]. Environmental triggers like smoking, infections, or stress can start the immune reaction [5]. Hormonal factors may also play a role, as RA is more common in women [6]. Emotional stress and long-standing grief can act as maintaining causes from a homeopathic perspective. In this case, the patient developed symptoms after emotional disappointment related to army selection failure, showing how psychological and physical factors can interact [5, 6].

Pathophysiology
In RA, the immune system attacks the lining of the joints (synovium), leading to inflammation, pain, and swelling [7]. This chronic inflammation causes thickening of the synovial membrane and destruction of cartilage and bone [8]. Various inflammatory

chemicals such as TNF-α, IL-6, and IL-17 are released, causing further tissue damage [9]. Over time, the joints become deformed and lose their function. The disease can also affect other organs such as the lungs, heart, and eyes. In homoeopathic understanding, such disturbances are seen as an imbalance in the vital force, producing both local and general symptoms, including weakness and cold aggravation [7, 9].

Clinical Features

The main symptoms of RA include joint pain, swelling, and stiffness, especially in the morning or after rest [10]. The disease usually affects both sides of the body equally, beginning in small joints like fingers and wrists, and then spreading to larger joints like knees, elbows, and shoulders. The patient in this case had pain, stiffness, and restricted movement in multiple joints for 13 years, worse at night and in cold air, and better with warmth and sun exposure. He also complained of back pain and general weakness. These symptoms matched the typical clinical features of chronic rheumatoid arthritis and indicated an advanced, long-standing condition [10].

Complications

If RA is not treated properly, it can cause joint deformities, loss of function, and permanent disability [11]. Deformities such as swan-neck or ulnar deviation may appear in the fingers. Long-term inflammation can also affect internal organs, leading to complications like anaemia, heart disease, lung fibrosis, and osteoporosis [12]. Many patients develop emotional stress, depression, or loss of self-confidence due to pain and physical limitation. In this case, the patient had difficulty in doing his farm work and daily activities. Early and proper management helps to prevent such complications and improves quality of life [11, 12].

Management

The modern management of RA includes DMARDs, biologics, and NSAIDs to reduce pain and control inflammation [13]. However, these drugs can have side effects and may not always stop disease progression. Physiotherapy, diet, exercise, and sunlight exposure are also recommended for joint health [14]. Homoeopathic management focuses on treating the person as a whole rather than just the disease. Using the Murphy Repertory and elimination process, the most suitable remedy is selected based on individual symptoms, modalities, and emotional background. Studies have shown that homeopathic consultations can improve patient satisfaction and quality of life in chronic arthritis [15]. In this case, individualized remedy selection and follow-up brought gradual improvement in mobility, pain reduction, and general well-being [13, 15].

Significance of Mind in Homoeopathic case taking

Mind or mentals are the psychical make up of a subject. The mind influences every cell in the body. The life of cell metabolism is still a great question of research that from where the life of life of metabolism comes inside the cell fluids. In the philosophy of Dr Kent, the worthiest champion in classical homoeopathy, the mentals are given the highest rank among the different symptoms [16].

Dr Samuel Hahnemann writes, in the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operations, as regards both sensations and functions, so that our indwelling reason gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence.[17] These words clearly indicate the body is controlled by mind and the mind is a receptor of vital force signals. The ultimate controller vital force directs mind to experience different sensations and these sensations become forerunner to different functions. Though all the diseases not always have a psychic reason, yet most of them have a hidden seed of abnormality of mind in their embryo stage. The emotional disorders play a very important role in the somatic disorders. [16]

The mental state of a man represents the state of his vital force. In healthy condition of an individual the vital force rules the material body in a harmonious way, when an individual falls ill it is his mental state that is deranged first and then physical changes follow. Mental symptoms are the symptoms of man, the vital force. Homoeopathy entirely revolves around the mental symptoms. Since the mental symptoms are the symptoms of the man, they are to be given utmost importance. Giving utmost importance does not mean putting them on the top during repertorization, but it means that the medicine selected should cover the mental symptoms. [18]

Significance of Homoeopathic Medical Repertory by Dr Robin Murphy

Dr Shashi Kant Tiwari writes in his book, The Essentials of Repertorization: "This is a unique repertory, which helps a practitioner to find out the similimum on the basis of clinical as well as classical symptoms. The author has merged both the types of practice, Le, classical and clinical." Murphy's concept of totality is based on clinical as well as classical homeopathic practice. It embraces the principles of Kent's generals, Boenninghausen's complete symptoms, Boger's pathological generals and other stalwarts' clinical principles of prescribing. This repertory can be used for all types of cases:

1. Where mentals and generals are prominent.
2. Where clinical symptoms/diagnosis is available.
3. Pathological generals/constitutions are available.
4. Where complete symptoms are available
5. Where the case has a paucity of symptoms. [19]

Homoeopathic medical repertory is one of the greatest contributions to homoeopathy by Dr Robin murphy. Homoeopathic Medical Repertory is mainly based on the repertory of homoeopathic Materia Medica by J.T Kent and Repertory of Hering's guiding symptoms of our Materia Medica by Dr C.B Knerr. It is a typical repertory that helps a practitioner to find out similimum on the basis of clinical as well as classical symptoms. It is updated with new additions and with a greater number of medicines and in alphabetical format for easy searching for rubrics. [20]

The chapters in this book are arranged alphabetically according to anatomy, physiology or clinical topic. The rubrics and sub-rubrics contained in each chapter are also sorted into an alphabetical format. This simplifies Kent's complicated system for arranging rubrics and sub-rubrics (by sides, time, conditions, modalities, circumstances, extensions, locations, etc.) [19]

Elimination process of repertorization

Process of repertorization is a sequence of interdependent and linked procedure followed to get a similimum or a group of similar medicines in a given case with the help of a repertory. In Eliminating Process, the most important symptom in the person without which we cannot think of a prescription, preferably a general is selected. This symptom is placed on the top and the rest of the symptoms are placed below it according to the hierarchy. While repertorizing, take only those medicines which cover the first symptom. Further rubrics can be referred to and marks added to those medicines only. A few cautions may be borne in mind, namely:

- If evaluation of the symptom is not strictly practiced, the eliminating process would prove disastrous.
- Hierarchy of symptoms should be adequately accurate.
- However important the rubric may be, do not take it for the use of eliminating process if it has only one or a few medicines.
- Preferably generals should be used for the purpose. If the above cautions are followed properly, the eliminating process will be the most suitable working method for the purpose of repertorization. time saving, less confusing and it is easy to practice.

Eliminating rubric: It is the rubric which is used for elimination of apparently similar medicines in order to select the similimum. It can be the most important symptom of the patient, preferably a general. [21]

The Case

Personal data

- Date of first visit: 03/04/2025
- OPD number: 8
- Registration number: 40759
- Name of the patient: Mr. SP
- Age / Sex: 34 years / male
- Religion: Hindu
- Occupation: Farmer
- Marital status: Married
- Address: Barabanki, Uttar Pradesh

Presenting complaints

Location: Musculo skeletal system, Extremities B/L, upper and lower, joints, esp. small joints, shoulders, elbows, wrists, fingers, knees, ankles, toes. Since 13 years.

Sensation

- Pain
- Swelling
- Stiffness
- Decreased range of motion

Modalities

- < night
- < cold air
- > warmth
- > sun exposure
- > massaging

Concomitants

- Back pain
- General weakness.

History of presenting illness

The patient, a 34-year-old male farmer from Barabanki, Uttar Pradesh, came to OPD no. 8 on 3rd April 2025 and presented with pain, swelling, and stiffness in multiple joints of both upper and lower limbs, particularly affecting the small joints of the hands and feet, shoulders, elbows, wrists, knees, ankles, and toes for the past 13 years. The symptoms gradually increased in intensity, leading to restricted joint movements and difficulty in performing routine agricultural and household activities. The complaints are aggravated at night and by exposure to cold air, while warmth, sunlight, and gentle massage provide significant relief. The patient also reports associated back pain and a persistent sense of general weakness. There is no history of trauma preceding the onset of symptoms. The condition shows a chronic, relapsing course with periodic exacerbations during cold seasons and partial improvement during warmer weather. Patient took allopathic medications, but got only temporary relief. Now the patient approached homoeopathy for a sustainable solution for his problem.

History of past illness

- No history of exhausting febrile illnesses like, typhoid, dengue or chikungunya.
- Not a known case of Diabetes mellitus, systemic hypertension, primary hypothyroidism or any other auto immune disorders,
- Had surgical interventions - B/L eyes lens replacement surgery - 2 years back.

Family history

- Maternal - mother - OA Knees, N/K/C/O - DM2 / SHTN / Auto immune conditions.
- Paternal - Father - N/K/C/O - DM2 / SHTN / Auto immune conditions.
- Siblings - one younger brother and one younger sister, healthy and well.
- No familial history of any carcinomatous conditions.

Personal history

- Place of birth - Barabanki, Uttar Pradesh.
- Educational qualification - secondary education.
- Occupation - farmer.
- Marital status - married.
- Children - 2 - one son and one daughter.
- Economic status - Poor / Low socio-economic status.
- Siblings - one younger brother and one younger sister.
- Non vegetarian, tea 1 or 2 cups a day.
- No addictions, tobacco usage or substance abuse.

Life space investigation

The patient is a 34-year-old male from Barabanki, Uttar Pradesh, born into a poor family as the eldest of three siblings. From childhood, he has been responsible and hardworking, often helping his parents and caring for his younger siblings. Despite financial difficulties, he completed his secondary education and grew up with strong moral values and a sense of duty toward his family.

Since 2008, he had a strong desire to join the CRPF or Indian Army, seeing it as a way to serve the country and improve his family's situation. In 2011, he was rejected during the army selection, which deeply affected him emotionally. He felt disappointed and hopeless for a long

time, and soon after this rejection, he began experiencing joint pain, which gradually became chronic over the years.

His complaints include pain, swelling, and stiffness in multiple joints, worsened at night and in cold weather, but relieved by warmth, sunlight, and massage. These symptoms have limited his physical capacity and made it difficult to perform heavy work. After his dream of joining the army failed, he started working as a farmer to support his family. He got married in 2015 and has two children a son and a daughter whom he loves deeply. He has a mild and gentle nature, no addictions, and remains committed to his responsibilities. Though he still carries the sadness of his unfulfilled dream, he continues to work hard, stay devoted to his family, and live a simple, honest life. The patient's story reflects emotional strength, perseverance, and a deep sense of duty despite life's hardships.

In summary, the life-space investigation shows a man shaped by early responsibility, constrained socioeconomic circumstances, and a powerful vocational aspiration that went unfulfilled. The subsequent chronic pain condition has both physical and psychosocial dimensions: it restricts daily activities and work capacity, and it carries emotional resonance linked to past disappointment.

Mental generals
- Ailments from disappointment, failure
- Grief
- Aversion company
- Mild
- Anxiety about health
- Anxiety about his children

Physical generals
- Desire warm foods
- Aggravation cold drinks
- Desire sweets
- Aversion salt
- Appetite - diminished
- Thirst - decreased
- Sleep - sound
- Stool - regular
- Sweat - scanty
- Urine - Satisfactory
- Thermal - chilly

General physical examination
- Anemia - mild pallor
- Jaundice - no icterus
- Cyanosis - no pigmentation / discoloration
- Swelling in joints, shoulders, elbows, wrists, fingers, knees, ankles, toes.
- Tenderness present, Grade III.
- No lymphadenopathy

Vitals
- Temperature - afebrile
- BP: 124/82 mm of hg
- PR: 71/min
- RR: 14/min

Totality of symptoms
- Ailments from disappointment, failure
- Grief
- Company aversion
- Cold water agg
- Appetite diminished
- Perspiration scanty
- Joints, rheumatic pain
- < cold air
- > warmth
- > massage
- Thermal chilly

Miasmatic Analysis

SL No.	Symptom	Miasm covered
1.	Disappointment	Tubercular
2.	Anxiety	Psora
3.	Company aversion	Psora
4.	Appetite diminished	Psora
5.	Extremities pain cold agg	Sycosis
6	Extremities pain pressure amel	Sycosis
7.	Desire sweets	Psora

Mixed miasmatic case with PSORA - SYCOTIC preponderance. [22]

Repertorial totality
1. MIND - DISAPPOINTMENT, ailments from - A/F literary, scientific failure
2. MIND - GRIEF - feelings
3. MIND - COMPANY, general - aversion to
4. FOOD - COLD DRINKS - water agg
5. FOOD - APPETITE, general - diminished
6. JOINTS - RHEUMATISM - general
7. PERSPIRATION - SCANTY, sweat

Repertorial chart

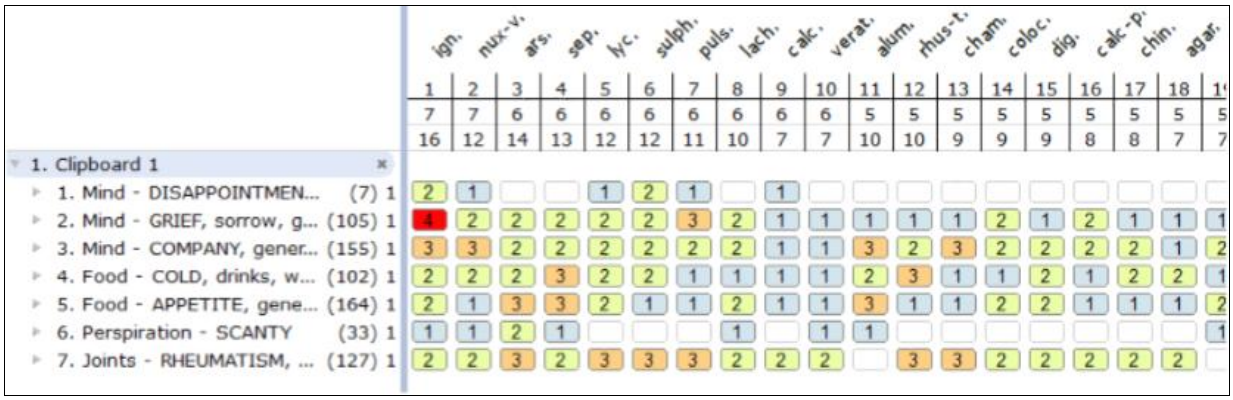


Fig 1: The case was repertorised using Homoeopathic medical repertory by Dr Robin Murphy. [19, 23]

Basis of selection

Basis of selection was made by the elimination process of repertorisation

Eliminating rubric: it is the rubric which is used for elimination of apparently similar medicines in order to select the similimum. It can be the most important symptom of the patient, preferably a general. [21]

In this case MIND - DISAPPOINTMENT, ailments from - A/F literary, scientific failure, rubric was selected as eliminating rubric. Ignatia, Sulphur, Calc carb, Lyco, Nux vom, Pulsatilla were the medicines covered under this rubric. Out of which ignatia topped with highest gradation. The following points from various materia medicas, such as A Dictionary of Practical Materia Medica by JH Clarke, Boericke materia medica, substantiate the prescription of IGNATIA AMARA to this patient.

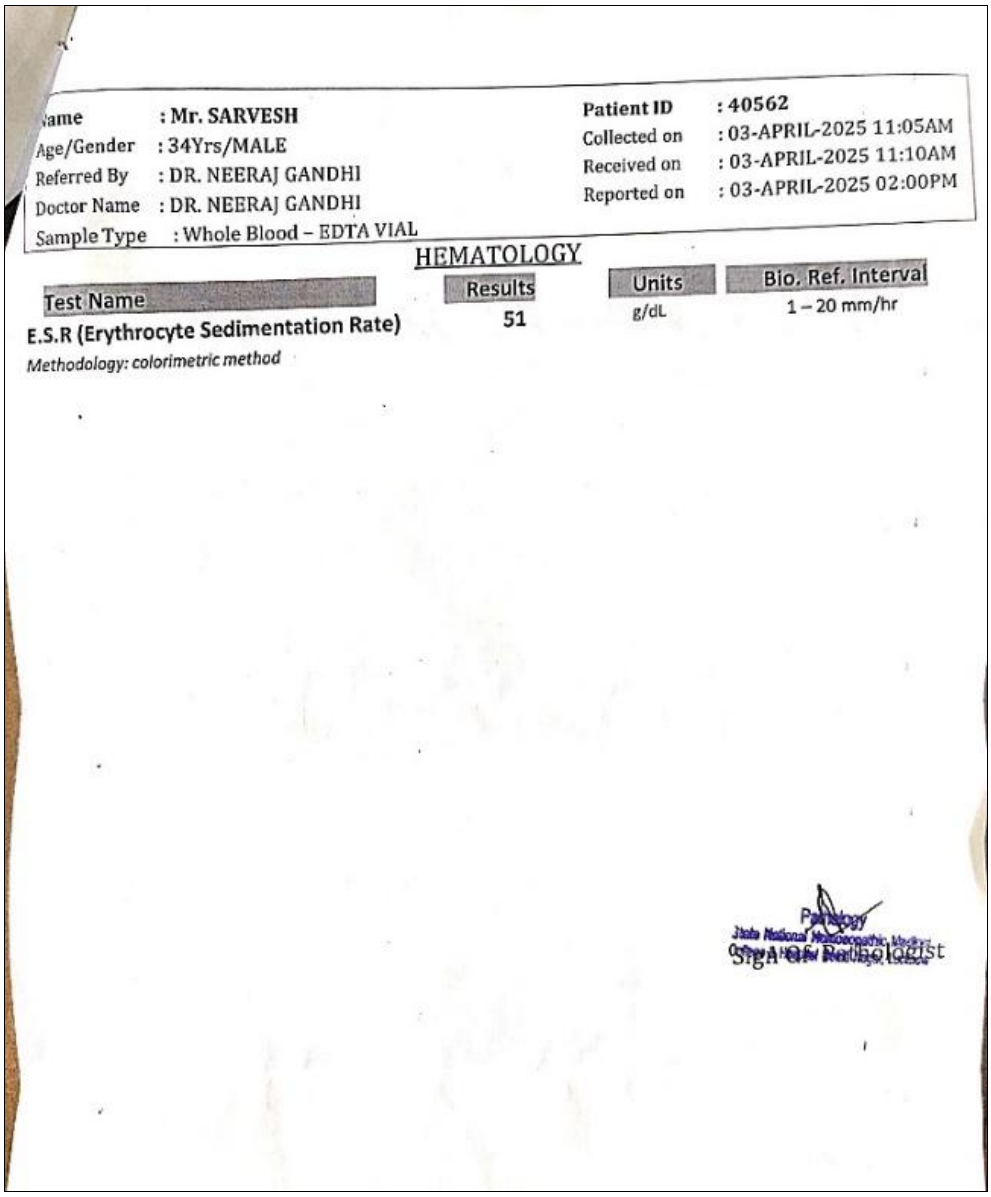
Materia medica part

- Causation. - Grief. Fright. Worry. Disappointed love. [24]
- Lancinating, cutting pain in shoulder-joint when bending arm forward.
- Pains in joints of arms, when bending them backwards, like from overexertion, or as if bruised. [25]
- Effects of grief and worry. Cannot bear tobacco. Pain is small, circumscribed spots [26]
- According to susceptibility of the patient the treatment was started with 200C potency. [27, 28]

First prescription on 03/04/2025

RX

1. IGNATIA 1M /3 DOSE / OD {EVERY 5TH DAY} MORNING
2. SAC LAC 30 TDS for 15 days.



Name : Mr. SARVESH
Age/Gender : 34Yrs/MALE
Referred By : DR. NEERAJ GANDHI
Doctor Name : DR. NEERAJ GANDHI
Sample Type : Whole Blood – EDTA VIAL

Patient ID : 40562
Collected on : 03-APRIL-2025 11:05AM
Received on : 03-APRIL-2025 11:10AM
Reported on : 03-APRIL-2025 02:00PM

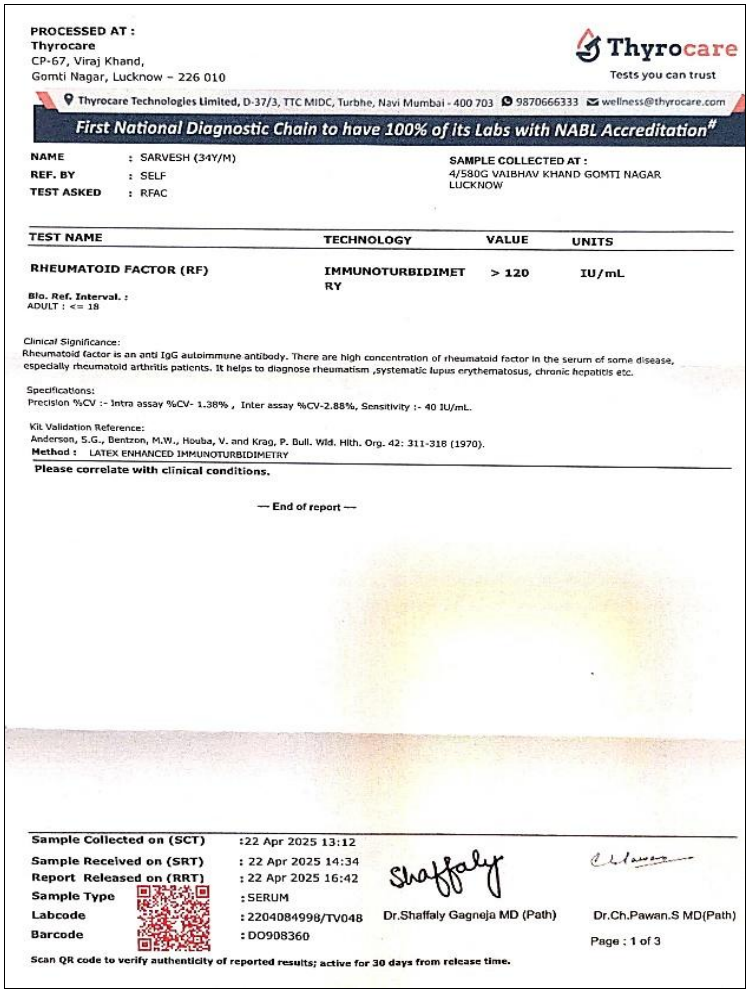
HEMATOLOGY

Test Name	Results	Units	Bio. Ref. Interval
E.S.R (Erythrocyte Sedimentation Rate)	51	g/dL	1 – 20 mm/hr

Methodology: colorimetric method

Pathologist

Fig 2: ESR report on 03/04/2025 Before Treatment



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NAME : SARVESH (34Y/M)
REF. BY : SELF
TEST ASKED : RFAC

SAMPLE COLLECTED AT :
4/580G VAIBHAV KHAND GOMTI NAGAR
LUCKNOW

TEST NAME	TECHNOLOGY	VALUE	UNITS
RHEUMATOID FACTOR (RF)	IMMUNOTURBIDIMETRY	> 120	IU/mL

Bio. Ref. Interval. :
ADULT : <= 18

Clinical Significance:
Rheumatoid factor is an anti IgG autoimmune antibody. There are high concentration of rheumatoid factor in the serum of some disease, especially rheumatoid arthritis patients. It helps to diagnose rheumatism ,systematic lupus erythematosus, chronic hepatitis etc.

Specifications:
Precision %CV :- Intra assay %CV- 1.38% , Inter assay %CV-2.88%, Sensitivity :- 40 IU/mL.

Kit Validation Reference:
Anderson, S.G., Bentzon, M.W., Houba, V. and Krag, P. Bull. Wld. Hlth. Org. 42: 311-318 (1970).
Method : LATEX ENHANCED IMMUNOTURBIDIMETRY

Please correlate with clinical conditions.

— End of report —

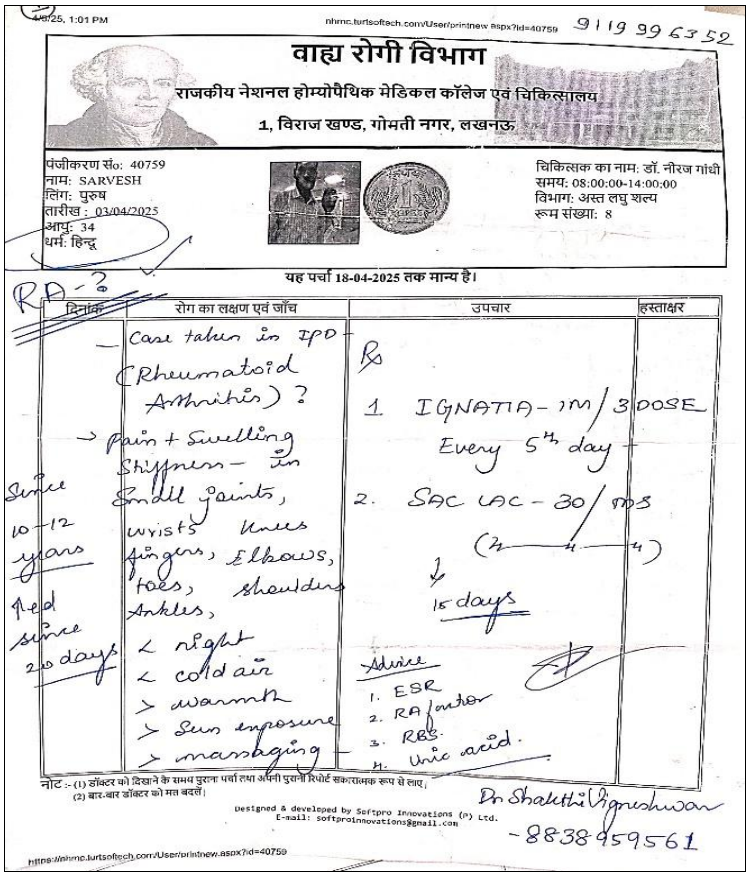
Sample Collected on (SCT) :22 Apr 2025 13:12
Sample Received on (SRT) : 22 Apr 2025 14:34
Report Released on (RRT) : 22 Apr 2025 16:42
Sample Type : SERUM
Labcode : 2204084998/TV048
Barcode : DO908360

Dr.Shaffaly Gagneja MD (Path)
Dr.Ch.Pawan.S MD(Path)

Page : 1 of 3

Scan QR code to verify authenticity of reported results; active for 30 days from release time.

Fig 3: RA factor report on 22/04/2025



9119 99 63 52

वाह्य रोगी विभाग
राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय
1, विराज खण्ड, गोमती नगर, लखनऊ.

पंजीकरण सं०: 40759
नाम: SARVESH
लिंग: पुरुष
तारीख : 03/04/2025
आयु: 34
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. नीरज गांधी
समय: 08:00:00-14:00:00
विभाग: अस्त लघु शल्य
रूम संख्या: 8

यह पर्चा 18-04-2025 तक मान्य है।

RA-?

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
Since 10-12 years Fed since 2-3 days	Case taken in IPD (Rheumatoid Arthritis) ? → pain + Swelling Stiffness in small joints, wrists knees fingers, Elbows, toes, shoulders Ankles, < night < cold air > warmth > Sun exposure > massaging	Rx 1. IGNATIA-1M/3 DOSE Every 5th day 2. SAC LAC-30/ BDS (2-0-2) 15 days Advice 1. ESR 2. RA factor 3. RBS. 4. Uric acid.	

नोट :- (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाए,
(2) बार-बार डॉक्टर को मत बदलें।

Designed & developed by Softpro Innovations (P) Ltd.
E-mail: softproinnovations@gmail.com

Dr Shakthi Vignesh Waran
-8838459561

https://nhmc.turtsoftech.com/User/printnew.aspx?id=40759

Fig 4: First prescription on 03/04/2025

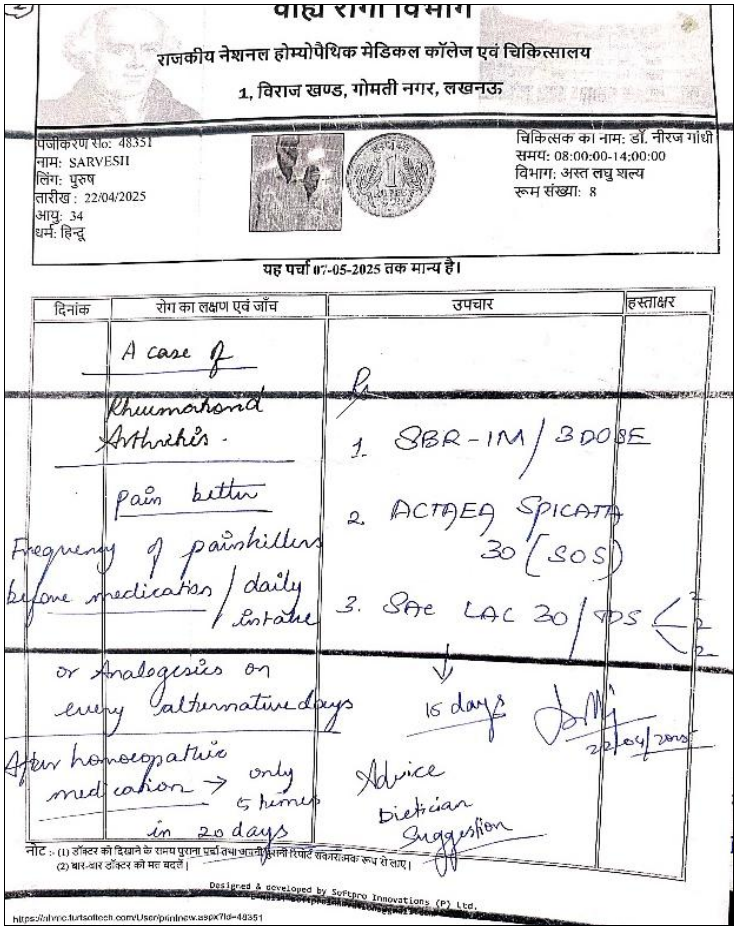


Fig 5: Second prescription on 22/04/2025

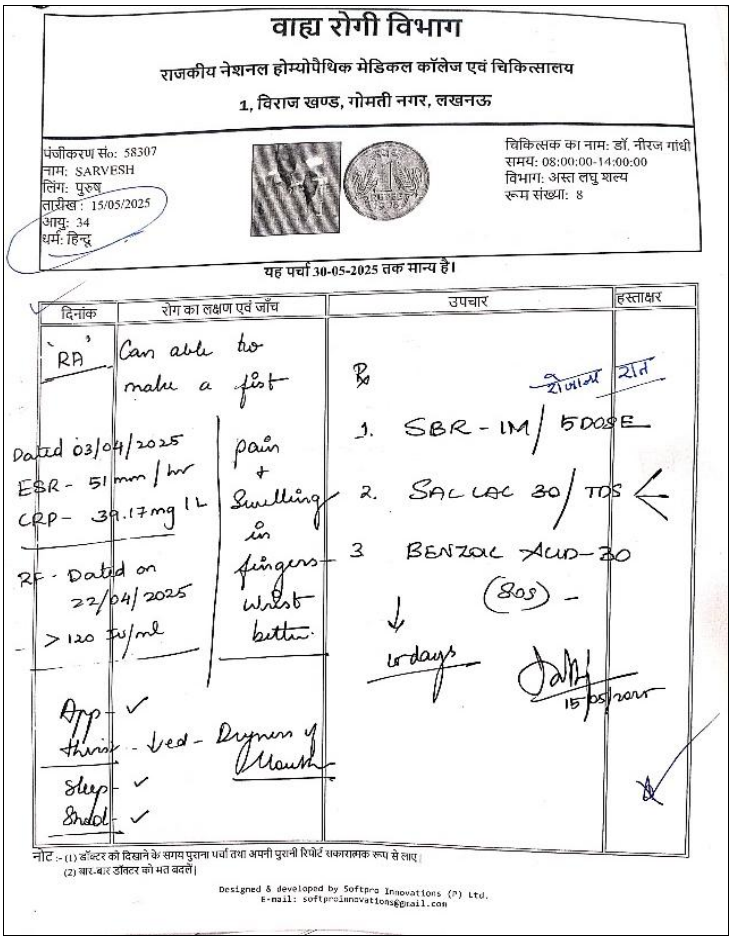
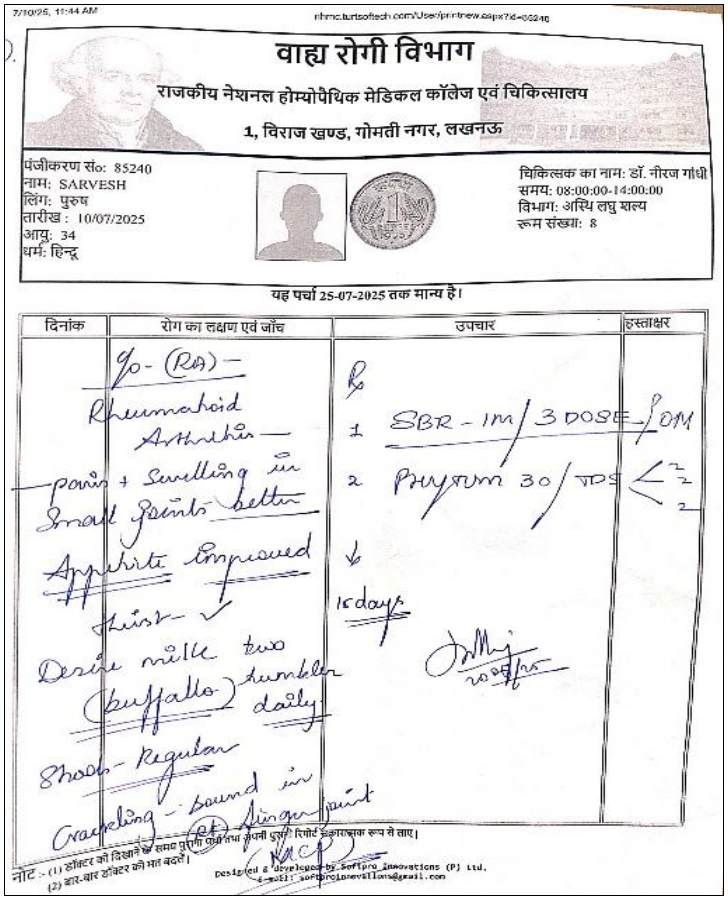


Fig 6: Third prescription on 15/05/2025



वाह्य रोगी विभाग

राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय

1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं०: 85240
नाम: SARVESH
लिंग: पुरुष
तारीख : 10/07/2025
आयु: 34
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. नीरज गांधी
समय: 08:00:00-14:00:00
विभाग: अस्थि लघु शल्य
रूम संख्या: 8

यह पर्चा 25-07-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
	C/o - (RA) - Rheumatoid Arthritis - pain + Swelling in Small joints better Appetite Improved Thirst - ✓ Desire milk two (buffalo) tumbler daily Stools - Regular Cracking - sound in Finger joint	Rp 1 SBR - 1M / 3 DOSE - / OM 2 PHYTUM 30 / BDS 15 days	

नोट :- (1) डॉक्टर को दिखाने के समय पुरानी पर्ची तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाए।
(2) बार-बार डॉक्टर की मात बदलें।

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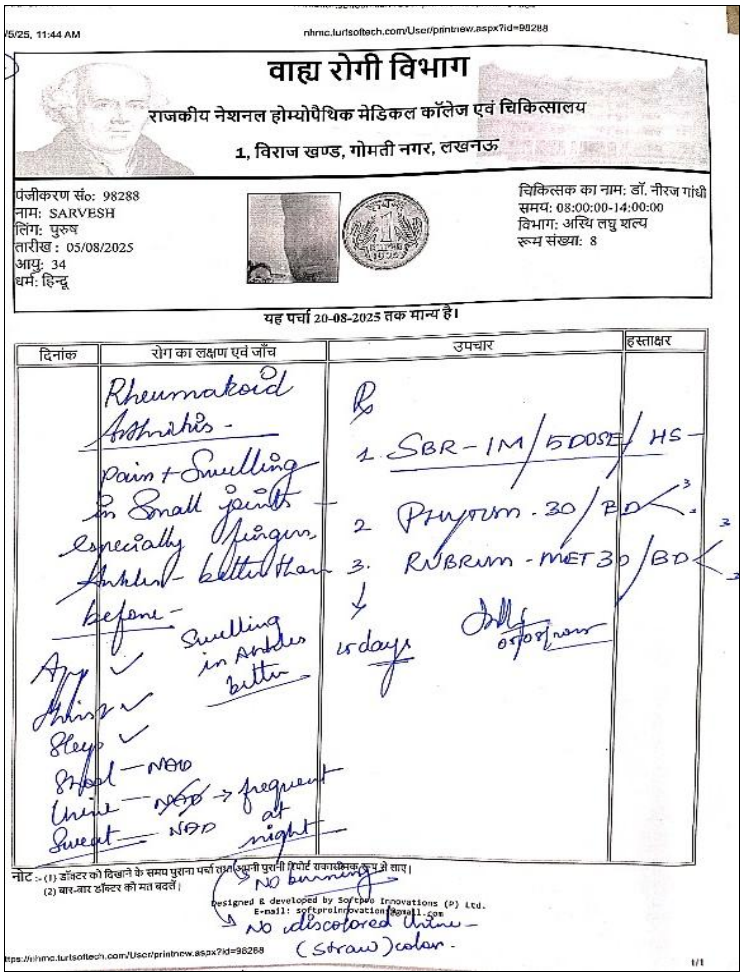
Fig 7: Fourth prescription on 10/07/2025



वाह्य रोगी विभाग

राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय

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पंजीकरण सं०: 98288
नाम: SARVESH
लिंग: पुरुष
तारीख : 05/08/2025
आयु: 34
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. नीरज गांधी
समय: 08:00:00-14:00:00
विभाग: अस्थि लघु शल्य
रूम संख्या: 8

यह पर्चा 20-08-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
	Rheumatoid Arthritis - Pain + Swelling in Small joints especially Finger, Ankle better than Before - Swelling in Ankles better Appetite ✓ Thirst ✓ Sleep ✓ Stool - NAD Urine - NAD → frequent Sweat - NAD at night	Rp 1. SBR - 1M / 5 DOSE / HS - 2 PHYTUM - 30 / BD 3. RUBRUM - MET 30 / BD 15 days	

नोट :- (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाए।
(2) बार-बार डॉक्टर की मात बदलें।

NO burning
NO discolored urine - (Straw) color -

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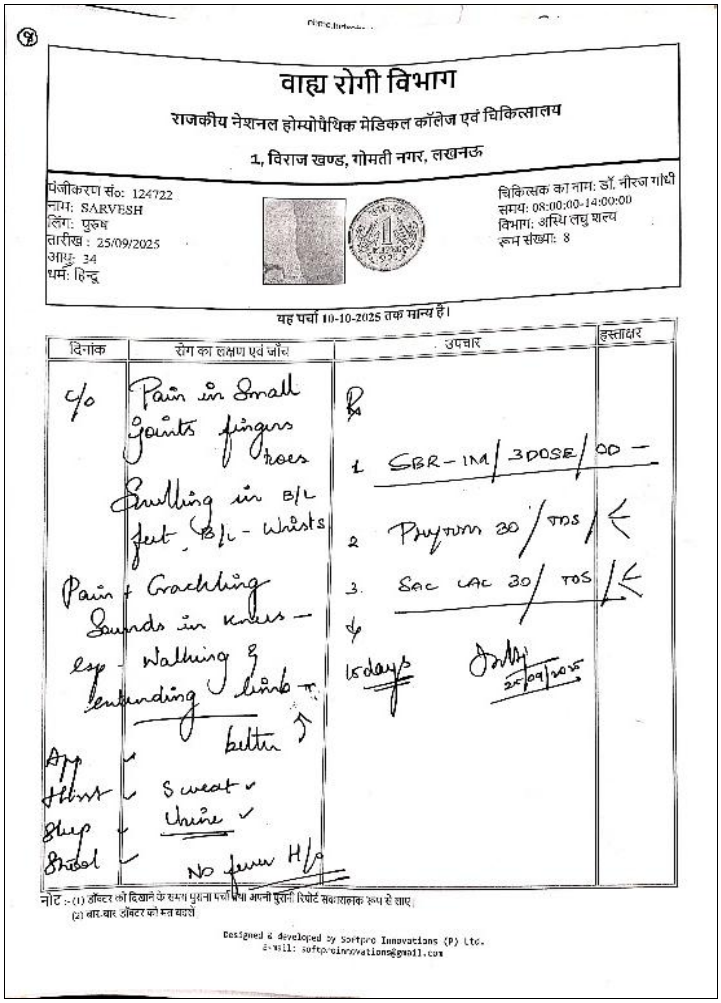
E-mail: softproinnovations@gmail.com

Fig 8: Fifth prescription on 05/08/2025



वाह्य रोगी विभाग

राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय

1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं: 124722
नाम: SARVESH
लिंग: पुरुष
तारीख : 25/09/2025
आयु: 34
धर्म: हिन्दू

चिकित्सक का नाम: डॉ. नीरज गांधी
समय: 08:00:00-14:00:00
विभाग: अस्थि लघु शल्य
रूम संख्या: 8

यह पर्चा 10-10-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
c/o	Pain in Small joints fingers toes Swelling in B/L feet, B/L - Wrists Pain + Crackling Sounds in knees esp - Walking & bending limb better App ✓ Thirst ✓ Sweat ✓ Sleep ✓ Urine ✓ Stool ✓ No fever H/o	℞ 1 SBR-1M/3DOSE/00 – 2 Psycom 30/TDS/1€ 3. Sac Lac 30/TDS/1€ 15 days 25/09/2025	

नोट :- (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाए
(2) बार-बार डॉक्टर को मत बदलें

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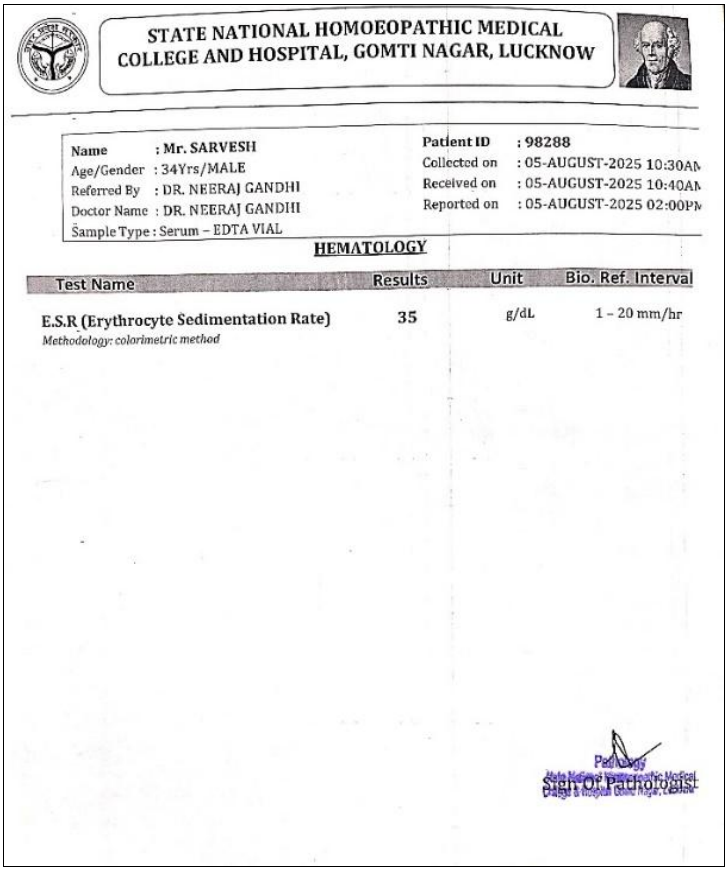
E-mail: softproinnovations@gmail.com

Fig 9: Sixth prescription on 25/09/2024



STATE NATIONAL HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, GOMTI NAGAR, LUCKNOW

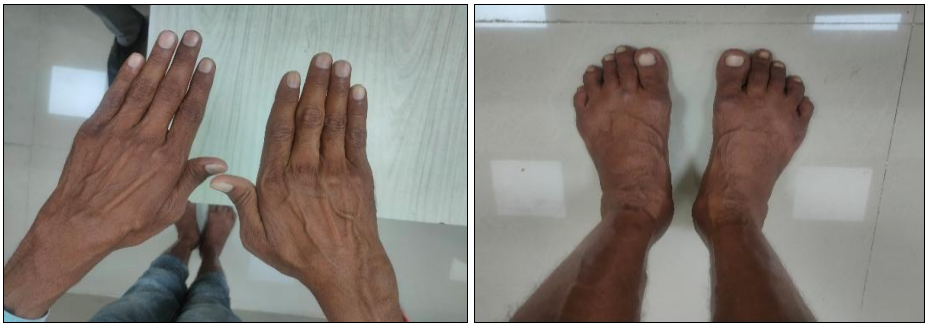
Name	: Mr. SARVESH	Patient ID	: 98288
Age/Gender	: 34Yrs/MALE	Collected on	: 05-AUGUST-2025 10:30AM
Referred By	: DR. NEERAJ GANDHI	Received on	: 05-AUGUST-2025 10:40AM
Doctor Name	: DR. NEERAJ GANDHI	Reported on	: 05-AUGUST-2025 02:00PM
Sample Type	: Serum – EDTA VIAL		

HEMATOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
E.S.R (Erythrocyte Sedimentation Rate) *Methodology: colorimetric method*	35	g/dL	1 – 20 mm/hr

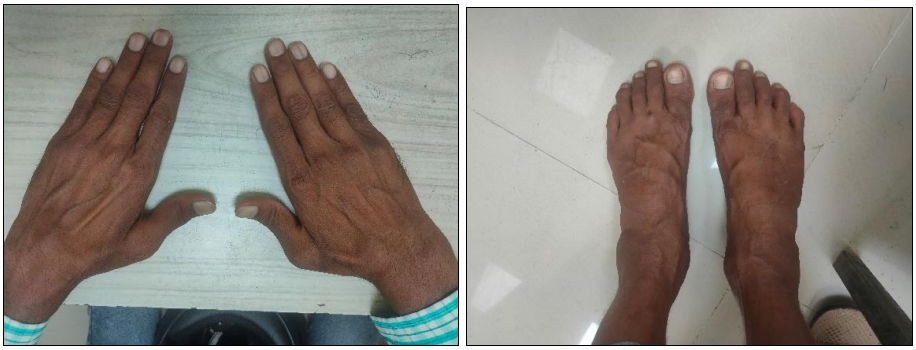
Pathology
State Medical Homoeopathic Medical College & Hospital Gomti Nagar, Lucknow
Sign Of Pathologist

Fig 10: ESR report on 05/08/2025 AFTER TREATMENT



Marked swelling in wrists, mcp, pip joints and in ankles, and toes.

Fig 11: Images of extremities Before Treatment - on 03/04/2025



Swelling decreased in wrists, mcp, pip joints and in ankles, and toes.

Fig 12: Images of extremities after treatment - on 25/09/2025

Observation and scores

BEFORE TREATMENT

Disease Activity Score – Erythrocyte Sedimentation Rate (DAS-28 ESR)

Patient name Mr. SP Date of Birth 07/09/1991

Observer name Dr. SHAKTHI VIGNESHWAR G Date 03/04/2025

	Left		Right	
	Swollen	Tender	Swollen	Tender
Shoulder				✓
Elbow				✓
Wrist	✓	✓	✓	✓
MCP 1	✓		✓	✓
2		✓		✓
3	✓	✓	✓	✓
4		✓	✓	✓
5	✓	✓		
PIP 1	✓	✓	✓	✓
2		✓		✓
3		✓		✓
4	✓		✓	
5		✓		✓
Knee	✓	✓	✓	✓
Subtotal				
Total	Swollen	14	Tender	21

Interpretation of the results:

High disease activity: > 5.1
Moderate disease activity: > 3.2 and ≤ 5.1
Low disease activity: ≥ 2.6 and ≤ 3.2
Remission: < 2.6

How active was your arthritis during the past week?
(Please mark the degree of activity on the scale below by placing a vertical line |)

Not active at all — Extremely active

90 mm

Swollen Joint Count (0-28)	14
Tender Joint Count (0-28)	21
ESR	51
VAS disease activity (0-100 mm)	90

DAS28 = 0.56*√(t28) + 0.28*√(sw28) + 0.70*Ln (ESR) + 0.014*VAS = 7.6

For free online calculator visit www.das28.nl

High disease activity

DAS-28 © Piet Van Riel, 1995.

DAS-28 ESR – United Kingdom/English

2

BEFORE TREATMENT

Pt name - Mr. SP Date 03/04/2025

Observer name - Dr. SHAKTHI VIGNESHWAR G

RADAI-5

How active was your arthritis the last six months?

completely inactive — 0 1 2 3 4 5 6 7 8 9 10 — extremely active

How active is your arthritis today with respect to joint tenderness and swelling?

completely inactive — 0 1 2 3 4 5 6 7 8 9 10 — extremely active

How severe is your arthritis pain today?

no pain — 0 1 2 3 4 5 6 7 8 9 10 — unbearable pain

How would you describe your general health today?

excellent — 0 1 2 3 4 5 6 7 8 9 10 — extremely bad

Did you experience joint (hand) stiffness on awaking yesterday morning? If yes, how long was this stiffness?

no stiffness — 0 1 2 3 4 5 6 7 8 9 10 — stiffness the whole day

$\frac{Q_1 + Q_2 + Q_3 + Q_4 + Q_5}{5} = \frac{8+8+9+8+9}{5} = \frac{42}{5} = 8.4$

High disease activity

1

Fig 13: DAS 28 and RADAI 5 scores Before Treatment

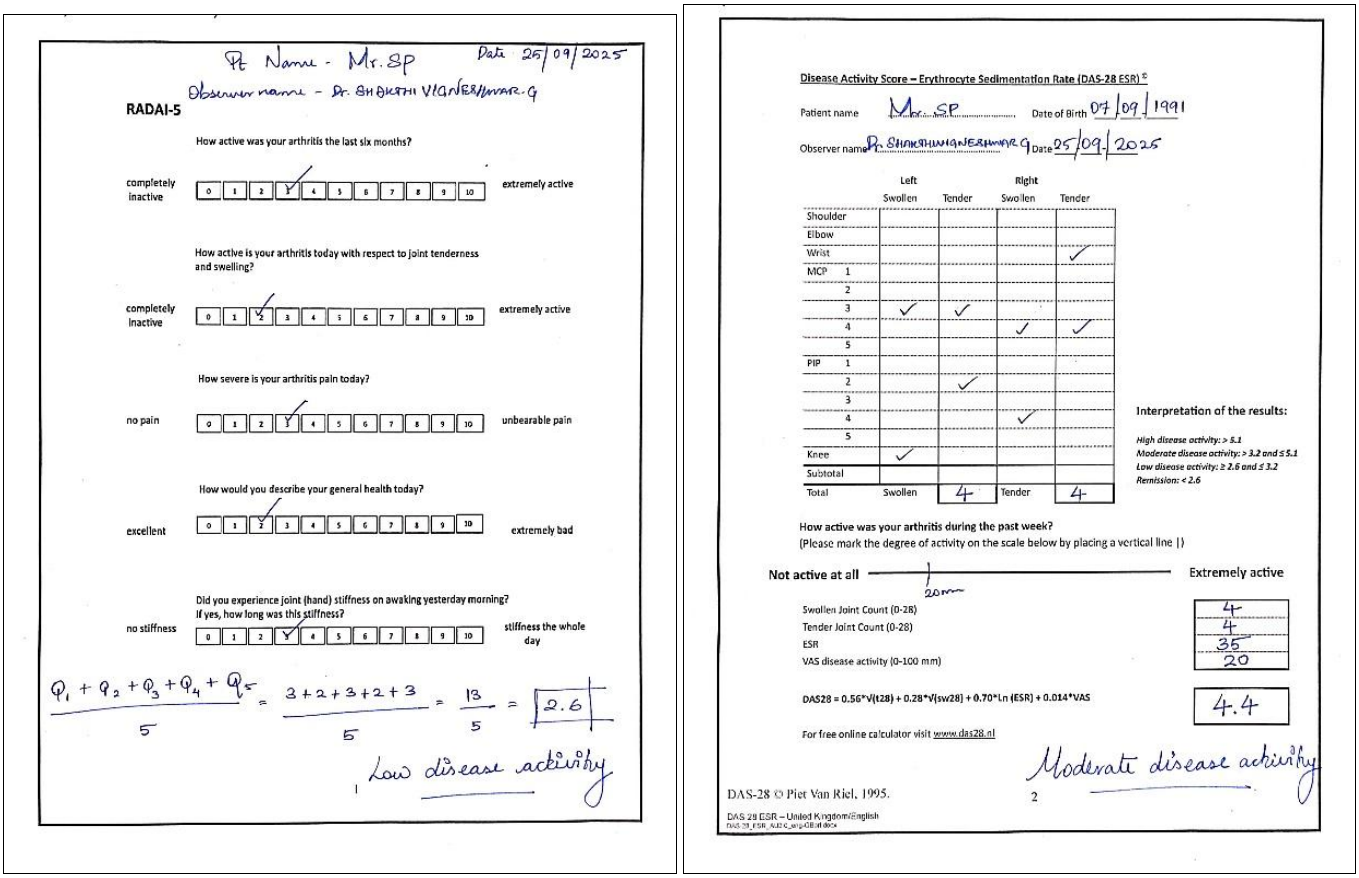


Fig 14: DAS 28 and RADAI 5 scores After Treatment

Sl. No.	Parameters	Before treatment	After treatment	Improvement percentage
1	ESR	51 mm/hr	35 mm/hr	31.37255
2	DAS 28	7.6	4.4	42.10526
3	RADAI 5	8.4	2.6	69.04762

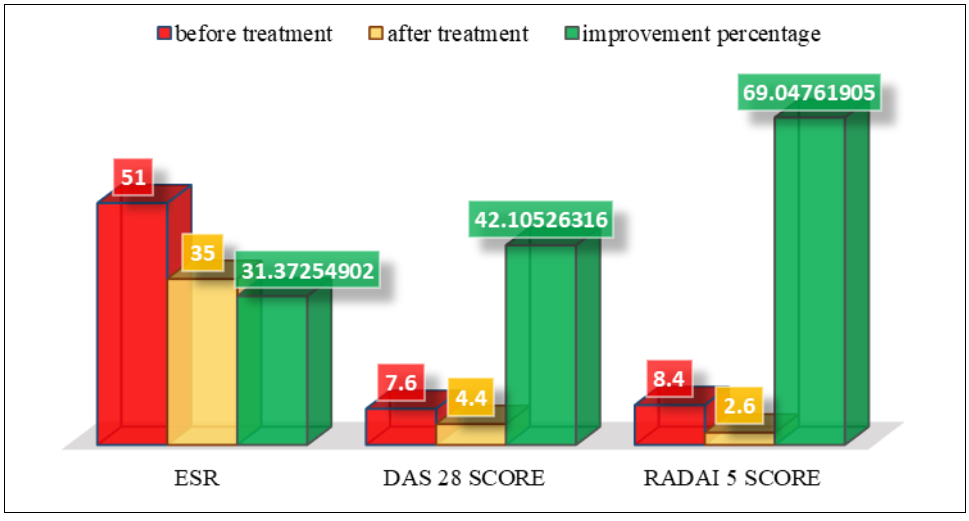


Fig 15: Distribution of data based upon improvement registered

The above chart shows the assessment of treatment outcomes revealed a marked improvement across all evaluated parameters. The erythrocyte sedimentation rate (ESR) showed a reduction from 51 mm/hr before treatment to 35 mm/hr after treatment, indicating a 31.37% improvement, which reflects a significant decline in inflammatory activity. The Disease Activity Score (DAS 28) decreased notably from 7.6 to 4.4, demonstrating a 42.11% improvement, signifying a considerable reduction in disease activity and joint inflammation. Furthermore, the Rheumatoid Arthritis Disease Activity Index (RADAI 5) exhibited a pronounced decrease from 8.4 to 2.6, corresponding to a 69.05% improvement, suggesting substantial symptomatic relief and better functional status of the patient. Overall, these findings highlight a consistent and clinically meaningful improvement following the treatment intervention.

Follow up chart

Sl. No.	Date	Symptoms	Treatment	Remarks
1.	03/04/2025 First prescription	c/o pain and swelling in small joints, appetite and thirst decreased, general weakness. ESR 51mm/hr RA factor +ve	1. IGNATIA 1M / 3 DOSE - OM 2. SL 30 - TDS For 15 days	Advice to avoid cold exposure.
2.	22/04/2025 Second prescription	C/o pain and swelling in small joints, slightly better, pain started mitigating, but still persist, general weakness persists, appetite decreased, thirst better.	1. SBR 1M / 3 DOSE - OM 2. ACT SPICATA 30 (SOS) 3. SL 30 - TDS For 15 days	Advice to avoid coffee
3.	15/05/2025 Third prescription	SOS medicine was not taken, pain better, general weakness better, appetite slightly better, thirst better, SWELLING in joints started decreasing, pain in finger joints and wrist joints persist	1. SBR 1M / 3 DOSE - OM 2. SAC LAC 30 / TDS 3. BENZ ACID 30 (SOS) For 15 days	Advice to take fibre rich diet
4.	10/07/2025 Fourth prescription	SOS medicine was not taken, pain better, general weakness better, appetite much better, thirst better, SWELLING in joints notably reduced, pain in finger joints and wrist joints better, reduced	1. SBR 1M / 3DOSE / OM 2. PHYTUM 30 / TDS For 15 days	Advice to avoid exertion
5.	05/08/2025 Fifth prescription	C/o pain and swelling in small joints, MUCH better, general weakness better, appetite and thirst improved. Swelling in ankles and toes reduced, He can able to do all the farming work without much discomfort. ESR 35 mm/hr	1. SBR 1M / 3 DOSE /OM 2. PHYTUM 30 / TDS 3. RUB MET 30/ TDS For 15 days	Advice to take fruits and vegetables
6.	25/09/2025 Sixth prescription	C/o pain and swelling in small joints, MUCH better, general weakness better, appetite and thirst improved. Swelling in ankles and toes reduced. Range of motion better, morning stiffness much reduced.	1. SBR 1M/ 3 DOSE/ OM 2. PHYTUM 30 / TDS 3. SL 30 / TDS For 15 days	Advice to do yoga

Results and Discussion

The patient, a 34-year-old male from a poor family background, presented with pain, swelling, and stiffness of multiple joints for the past 13 years. His complaints were mainly in small joints of the upper and lower limbs and were associated with weakness, decreased appetite, and reduced range of motion. The condition was diagnosed as Rheumatoid Arthritis, confirmed by RA factor positivity and ESR 51 mm/hr. Using the Murphy Repertory through the elimination process of repertorization, remedies were selected based on totality and individualization.

During the first visit on 03/04/2025, the patient was given *Ignatia 1M* considering the underlying grief and disappointment after his failed army selection, along with *SL 30* as placebo support. On 22/04/2025, as pain was slightly better, *SBR 1M* was prescribed to address chronic inflammatory symptoms, with *Actea spicata 30* as SOS for acute episodes. Over subsequent follow-ups, improvement continued *SBR 1M* was repeated on 15/05/2025 and 10/07/2025, while supportive placebos such as *SAC LAC 30* and *PHYTUM 30* were prescribed to maintain balance. By 05/08/2025, the patient reported much better mobility, reduced swelling, and improved appetite and strength. *RUB MET 30* was added at this stage for further joint support. On the final follow-up, 25/09/2025, the patient improved well, with only minimal stiffness and normal range of motion.

Throughout the treatment, significant changes were seen both subjectively and objectively. ESR decreased from 51 mm/hr to 35 mm/hr, showing 31.37% improvement, DAS 28 score improved from 7.6 to 4.4, showing 42.11% improvement, and RADAI 5 score reduced from 8.4 to 2.6, reflecting a 69.05% improvement, with an overall mean improvement of 55.58% (based on DAS 28 score RADAI 5 score) confirming clinical progress. The patient was able to perform daily farming work without discomfort, and his general well-being improved steadily.

The treatment outcome demonstrated the importance of individualized prescription and holistic understanding of the patient's mental and emotional background. The initial grief and disappointment acted as a maintaining cause, and addressing this with *Ignatia amara* initiated the healing process. In subsequent follow ups there is gradual reduction in inflammation and restoration of joint function. This case highlights the effectiveness of homoeopathic management through repertorial analysis and elimination methods in chronic autoimmune diseases like rheumatoid arthritis, emphasizing the holistic improvement in both physical and emotional health.

Clinical Insights

- The patient showed gradual but consistent improvement in joint pain, stiffness, and swelling after individualized homoeopathic treatment.
- Emotional background, especially long-standing grief and disappointment from army rejection, appeared to play a maintaining cause and was successfully addressed by *Ignatia amara*.
- Repeated use of *SBR 1M* helped to control chronic inflammation and maintain progress without aggravation.
- Supportive placebos (*SAC LAC 30, PHYTUM 30, RUB MET 30, SL 30*) provided continuity and helped monitor symptom changes without introducing unnecessary remedies.

- Over six follow-ups, the patient's ESR reduced from 51 mm/hr to 35 mm/hr, showing objective improvement along with subjective relief.
- Functional capacity improved, as the patient could resume full farming activities without significant pain or fatigue.
- Appetite, thirst, and general strength gradually improved, reflecting better overall vitality.
- Morning stiffness and joint swelling markedly decreased, showing restoration of joint mobility.
- No acute exacerbations or adverse reactions occurred during treatment, indicating good remedy tolerance and safety.
- The case emphasizes the importance of individualization, addressing both physical pathology and emotional state for sustainable recovery.

Conclusion

This case demonstrates the successful homoeopathic management of rheumatoid arthritis using the Murphy Repertory and elimination method of repertorization. The patient's improvement was not only symptomatic but also measurable through objective indices such as DAS 28 and RADAI 5 scores. The integration of individualized remedy selection, careful follow-up, and attention to mental-emotional factors resulted in steady recovery and improved joint function. The study underscores the value of constitutional and individualized treatment in chronic musculoskeletal disorders. Further clinical studies with larger samples are recommended to validate the role of homoeopathy in managing rheumatoid arthritis and improving patients' quality of life.

Acknowledgement

Not available

Author's Contribution

Not available

Conflict of Interest

Not available

Financial Support

Not available

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