International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 1371-1374
Received: 23-09-2025
Accepted: 25-10-2025

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Effect of individualized homeopathic medicine on costochondritis in a patient with ankylosing spondylitis: A case report

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i4.U.2089

Abstract
Ankylosing spondylitis (AS) is a chronic progressive inflammatory rheumatic disorder with predominant involvement of the axial skeleton and frequent extra-articular manifestations including costochondritis. This case report presents a 42-year-old female patient with long-standing HLA-B27 positive AS complicated by persistent costochondritis unresponsive to NSAIDs. Individualized homeopathic treatment, guided by detailed symptomatic totality and miasmatic analysis, was administered using remedies selected from Kent's repertory, initially Ranunculus bulbosus, followed by Rhus toxicodendron. Clinical assessments using the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and Schober test demonstrated significant symptomatic and functional improvement over one month of treatment. While this case illustrates a potentially beneficial adjunctive role for individualized homeopathy in managing complex AS manifestations, limitations inherent to single case reports necessitate further rigorous controlled studies to validate efficacy and clarify its role in integrated care.

Keywords: Ankylosing spondylitis, costochondritis, individualized homoeopathic medicine, miasm

Introduction

Ankylosing spondylitis (AS) is a chronic progressive inflammatory rheumatic disorder with a predilection for the axial skeleton, especially the sacroiliac joints and vertebrae. The hallmark features are persistent back pain, morning stiffness, and eventual vertebral fusion. Ankylosing spondylitis is also notable for its extra-articular manifestations, i.e., costochondritis—characterized by inflammatory pain at the costosternal junction it can cause pronounced anterior chest wall discomfort, further reducing quality of life for affected individuals. The disease is commonly associated with genetic susceptibility, particularly the HLA-B27 antigen, which is present in approximately 70% of patients and is linked to related autoimmune conditions such as uveitis, inflammatory bowel disease, Reiter disease and psoriasis. Ankylosing spondylitis affects approximately 0.1% to 0.8% of the population, with the disease most frequently beginning in young adulthood. Although the overall prevalence is similar in men and women, females are more likely to present with persistent inflammatory symptoms instead of the pronounced spinal fusion that characterizes the condition in many males. The multifactorial etiology of AS includes immune system dysregulation and environmental factors, infections with gram-negative bacteria such as Salmonella that may trigger chronic inflammation through the activation of toll-like receptors.

Diagnosis of ankylosing spondylitis is supported by the presence of seronegative laboratory findings, including negative anti-nuclear antibody (ANA), rheumatoid factor (RF), alongside elevated inflammatory markers such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP). Radiological imaging demonstrates characteristic features such as 'bamboo spine,' which results from enthesitis and fusion of the vertebrae and sacroiliac joints. Clinically, disease activity can be assessed using validated tools such as the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and spinal mobility is evaluated through physical examination techniques by the Schober test.

Conventional treatment for AS focuses on symptom relief, most often through the use of nonsteroidal anti-inflammatory drugs (NSAIDs), tumor necrosis factor (TNF) inhibitors,

interleukin-17 (IL-17) antagonists, and disease-modifying antirheumatic drugs (DMARDs) with alongside physical therapy. For acute, localized flare-ups, healthcare providers often utilize glucocorticoid injections to control symptoms. However, NSAIDs, while effective in managing pain, are associated with significant risks when used long term, including gastrointestinal complications and the potential for chronic kidney disease. Furthermore, not all patients experience adequate relief from conventional approaches, prompting the exploration of complementary or alternative therapies.

The disease may present as acute or chronic from the onset and is not solely dependent on the duration of symptoms. Often, an improperly treated acute condition can progress to a chronic stage, leading to the production of autoantibodies that attack healthy tissues, resulting in persistent inflammation driven by elevated cytokine levels. This ongoing inflammatory response contributes to tissue damage and disease progression.

Homeopathy has emerged as a popular complementary modality in chronic rheumatic diseases, including AS. The homeopathic philosophy is fundamentally holistic, emphasizing individualized remedy selection based on the "like cures like" principle and integrating physical, emotional, and constitutional factors in treatment. Highly dynamic homeopathic medicines are selected to match the patient's unique symptom profile, aiming to stimulate the body's inherent healing response. This individualized approach has particular appeal for patients with chronic, multifaceted conditions and a desire to avoid the adverse effects of conventional medications.

In a stand still condition, an acute exacerbation of a chronic disease is a stage where the patient's reactivity increases along with a worsening of the original symptoms. During this phase, treatment is guided by the principle of symptom similarity, addressing the heightened symptoms specifically and proper management at this stage can initiate the process of healing and lead to gradual recovery.

Case report

A 42-year-old female patient presented to the outpatient department of Pt. Jawaharlal Nehru State Homoeopathic Medical College and Hospital in Lakhanpur, Kanpur Nagar, on December 14, 2024. She reported experiencing severe chest pain the previous night, characterized by a sensation of heaviness. The pain worsened with inspiration, while eating, and she had difficulty lying down flat, preferring to lie on her side. She had a history of exposure to cold air.

The patient has a history of stiffness in the lower back and was diagnosed with ankylosing spondylitis, with HLA-B27 positive, in 2015. Since then, she has been undergoing immunomodulator treatment. Previously, she experienced an episode of costochondritis, which improved with NSAIDS; however, this time, the pain has remained unchanged after the same treatment and she has been unable to reduce the intensity of her pain. She had a family history of tuberculosis and his younger brother was also HLA-B27 positive.

The patient's thermal reaction was chilly, appetite decreased due to pain, stool and urine satisfactory and on time. Mental irritability and depressive mood were due to pain.

Fig 1: BASDAI Score before treatment

Diagnostic assessment

As the case was already diagnosed with ankylosing spondylitis with HLA-B27 positive.

Clinically assessed by Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and Schober test for lumbar and chest expansion.

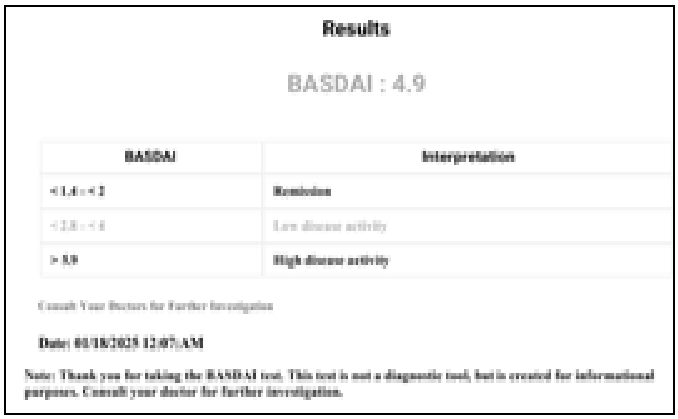

Fig 2: BASDAI Score after treatment

Case repertorisation

Rep.	Rubric	Calc. (9)	Ran-b. (9)	Sil. (8)	Lyc. (8)	Bry. (8)	Acon. (8)	Ars. (7)	Sul-ac. (7)	Phos. (7)	Caust. (7)	Psor. (7)	Aur. (7)	Sep. (7)	Kali-c. (7)	
kent	Chest, pain, inspiration, during agg.	3	2	2	2	3	3	2	1	2	1	2	1	1	1	2
kent	Chest, pain, pressure agg.		1						1							
kent	Generalities, cold, air agg.	3	3	3	3	2	2	3	2	2	3	3	3	3	3	2
kent	Mind, irritability	3	3	3	3	3	3	2	3	3	3	2	3	3	3	2

Fig 3: Repertoristaion sheet by using Repertory of Homoeopathic Materia Medica by James Tyler Kent

Therapeutic intervention: Totality of symptom
Mental irritability
General cold air aggravation
Chest pain; sensation stiffness
Chest pain; inspiration aggravation
As this case has prominent subjective symptoms, so the Repertory richest in subjective symptoms is The Repertory of Homoeopathic Materia Medica by James Tyler Kent.
Miasmatic analysis aiding through "Chronic Miasm in Homoeopathy and their Cure with Classification of Rubrics/Symptoms in Dr. Kent's repertory" by Dr.Ramalal. P. Patel
Mind, irritability = Psora, Sycosis
Generalities, cold air, aggravation = Psora
Chest, pain, pressure aggravation = Psora
Chest, pain, inspiration during aggravation = Psora
Predominantly, miasm is Psora

Table 1: Follow-up with outcomes

Date	Symptoms	BASDAI Score	Schober	Prescription
14 December 24	Pain in chest with inspiration, exposure to cold air and while eating With pain in the lumbosacral region; Decreased appetite; Mental irritability	9	chest df 0.5cm lumbar df 2cm	*Ran. B. 30.* TDS empty stomach
28 December 24	With pain in the lumbosacral region; Decreased appetite; Mental irritabilit	**7**	chest df 3.9cm lumbar df 5cm	*Rhus.T.30.* TDS
18 January 25	Morning stiffness in the lumbosacral; Appetite improved; Mentally calm	4.9	chest df 4cm lumbar df 5.5cm	*Rhus.T.30.* TDS

df is the difference for chest before and after inspiration measuring for the lumbarsacral region before and after bending forward
Ranunculus bulbosus(Ran.b.)
Rhus Toxicodendron (Rhus.T.)

Result
In this case, Kent's repertory suggested the highest scoring remedies are as follows *Calcarea carb, Ranunculus bulbosus, Silicea, Lycopodium, Bryonia alba, and Aconite napellus.* After reconfirming with the materia medica, *Ranunculus bulbosus* was prescribed. On further follow-up, based on the totality of symptoms, there was a requirement for Rhus toxicodendron.
After one month, there were significant improvements in both the subjective assessment by BASDAI score and the objective assessment by Schober test.

Discussion
This case highlights the potential value of individualized homeopathic management in a 42-year-old female patient with costochondritis complicating long-standing ankylosing spondylitis (AS). Conventional interventions, including TNF inhibitors and NSAIDs, did not provide lasting or sufficient symptomatic relief, underlining the need for exploring alternative therapies in refractory cases. The positive response observed in this patient followed individualized homeopathic prescribing based on the totality of her characteristic symptoms, which were primarily prominent subjective symptoms manifesting internal turmoil. The dynamic cause of disease, the vital principle, and the remedy itself are all dynamic. The selection of the medicine was based on the principle of similia similibus curantur—meaning two similar dynamic diseases together will annihilate each other, which is the fundamental principle on which homoeopathy
It is vital to acknowledge the limitations inherent in isolated case reports. Well-designed, larger studies with control groups are essential to determine whether homeopathic intervention can reliably produce a significant benefit beyond that expected by chance.

Conclusion
This report underscores the importance of individualized assessment and the potential adjunctive role of homeopathy in complex, refractory manifestations of AS such as costochondritis. A broader, systematic exploration—ideally in multicenter, controlled studies—is warranted to assess the reproducibility of these promising findings and clarify the scope of homeopathy as an integrative option in the management of AS.

Acknowledgement
We would like to express our sincere gratitude to all those who contributed to the completion of this article. Special thanks to patient for giving us consent which greatly enhanced the quality of this work.

Conflict of Interest
Not available

Financial Support
Not available

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How to Cite This Article
Rajesh RA, Mahur YS, Mahur P, Singh R. Effect of individualized homeopathic medicine on costochondritis in a patient with ankylosing spondylitis: A case report. International Journal of Homoeopathic Sciences. 2025;9(4):1371-1374.