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## An individualized Homoeopathic approach in the management of Olecranon Bursitis: Clinical evidence from a case report

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### Abstract

Olecranon bursitis is a common inflammatory condition affecting the superficial bursa located over the olecranon process of the ulna. It may result from trauma, repetitive friction, infection, or underlying systemic disease. Although often benign, the condition requires careful evaluation to differentiate between septic and aseptic bursitis, as management approaches differ significantly. This article provides a concise review of the etiology, clinical features, diagnostic methods, and treatment strategies for olecranon bursitis. Homoeopathy offers a holistic, individualized, and non-invasive approach to the treatment of olecranon bursitis. Rather than focusing only on reducing swelling, homoeopathy aims to correct the internal susceptibility that allows the bursa to become inflamed.

**Keywords:** Olecranon bursitis, inflammation, pain, tenderness, fluid accumulation, constitutional medicines, *Apis mellifica*, *Bryonia alba*, *Ruta graveolens*, *Rhus toxicodendron*, *Silicea*, *Calcarea fluorica*, *Arnica montana*, *Belladonna*, *Mercurius solubilis*, *Mercurius corrosivus*

### Introduction

The olecranon bursa is a thin, fluid-filled sac that reduces friction between the skin and the olecranon process. Due to its superficial location, it is vulnerable to inflammation. Olecranon bursitis can affect individuals of all ages but is more common in those whose occupations or activities impose repeated pressure on the elbows—such as students, athletes, mechanics, and office workers. Clinically, the condition presents as swelling over the posterior aspect of the elbow, which may be painless in chronic cases or accompanied by redness, warmth, and tenderness in acute or septic forms.

### Types of Olecranon Bursitis

Olecranon bursitis can be classified based on cause, nature of inflammation, and clinical presentation.

#### 1. Aseptic (Non-infectious) Olecranon Bursitis (most common type)

- a. Traumatic / Acute Aseptic Bursitis
- b. Chronic Aseptic Bursitis

#### 2. Septic (Infectious) Olecranon Bursitis

Caused by bacterial infection, most commonly *Staphylococcus aureus*

#### 3. Crystal-Induced Olecranon Bursitis

- a. Gouty Bursitis: Due to uric acid crystals

b. Pseudogout (Calcium Pyrophosphate Deposition Disease)

4. Systemic Disease: Associated Bursitis Develops as part of inflammatory or autoimmune diseases, such as, Rheumatoid arthritis, Systemic lupus erythematosus, Psoriatic arthritis

#### 1. Occupational / Mechanical Bursitis

Caused by prolonged pressure on the elbows, common in office workers, students, plumbers, mechanics, miners are

### Etiology

Olecranon bursitis may arise from multiple causes:

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### Traumatic/Acute Injury

A single blow to the elbow can lead to hemorrhage into the bursa, causing swelling.

#### 1. Chronic Microtrauma

Repeated pressure or friction (e.g., resting elbows on hard surfaces)

#### 2. Infection (Septic Bursitis)

Bacterial invasion—often *Staphylococcus aureus*.

#### 3. Inflammatory Conditions

Gout, rheumatoid arthritis, and other systemic disorders may predispose to chronic bursitis.

#### 4. Postoperative or Postsurgical Causes

### Signs & Symptoms

Olecranon bursitis is characterized primarily by swelling over the back of the elbow. Symptoms may vary depending on whether the bursitis is aseptic, traumatic, or septic (infective).

**1. Swelling Over the Elbow:** Soft, fluid-filled, or fluctuant swelling over the olecranon ("sack-like" appearance)

**2. Pain:** Mild or absent in chronic or non-infectious cases and Moderate to severe in acute or inflammatory cases.

**3. Warmth and Redness:** More pronounced in septic bursitis

4. Tenderness

5. Fluid Accumulation

### Diagnosis

Olecranon bursitis is diagnosed through a combination of:

- Physical examination
- Medical history
- **Imaging tests:** X-rays, MRI or Ultrasound
- Fluid analysis
- **Laboratory tests:** CBC, Inflammatory markers

### Case report

#### Patient's personal information:

- **Patient reg. no.:** 211/2076/25
- **Date:** 15/07/2025
- **Name:** ABC
- **Age:** 74
- **Sex:** Male
- **Religion:** Hindu
- **Married/Single:** Married
- **Occupation:** Retired
- **Address:** Lucknow, U.P.

#### Present complaints:

- **Location:** Olecranon bursa, right elbow joint
- **Sensation:** Painless

#### History of present complaints

A 74-year-old male, retired banker, presented with a soft cystic swelling in right elbow to the OPD of State National Homoeopathic Medical College and Hospital, Gomti Nagar, Lucknow on 15<sup>th</sup> July, 2025. The condition was suspected Olecranon bursitis which was painless. The patient was suffering from diabetes since 2006 and was on insulin since 2017. He was suffering from hypertension since 1983.

Previously he was having same cystic swelling on left elbow which he got operated and removed in 2005. He had previously undergone allopathic treatment, but it failed to

provide satisfactory relief. So, he has now come for homoeopathic management for his condition.

#### Personal history

- **Diet:** Vegetarian
- **Development landmark:** on time
- **Addiction:** None
- **Allergies:** None

#### Past History

- Patient was having this same soft cystic swelling on left elbow in 2004 which he got operated & removed in 2005.
- Patient was having hypertension since 1983 and Diabetes since 2006 and he was also taking thyroid medications since 3-4 months.

#### Family history

- **Father:** Died due to Cardiac arrest
- **Mother:** Died due to HTN

#### Life space history

The patient belongs to a middle class family. His father died due to cardiac arrest when he was 9 years old. He qualified for IIT in 1967 but he wasn't able to go for it because of financial issues of the family. He was highly intellectual and the guilt was still troubling him of not being able to pursue his career even after qualifying such difficult exam. He always tried and desired that his children must do and accomplish what he himself couldn't do.

#### Physical generals

- Appetite- normal
- Thirst- increased, 4 to 5 lit per day
- Desire- nothing significant
- Aversion- nothing significant
- Tongue- clean and moist
- Stool- unsatisfactory
- Urine- offensive urine with increased frequency, 15-16 times in a day
- Perspiration- on back, offensive
- Thermal- chilly
- Sleep- sound
- Dreams- nothing significant

#### Mental generals

**Grief:** The patient was sad and in guilt because he was unable to pursue his career in IIT because of the family's financial issues after his father's death even after qualifying the exam.

- Anger++ sudden with quarrelsome behaviour
- Consolation amelioration
- Company desire
- **Appearance:** Medium built with wheatish skin
- **Posture of the body:** Normal
- **Gait activity:** Normal
- **Consciousness:** Conscious and cooperative
- **Facial expression:** Normal
- **Skin:** Normal texture and color, no rashes or lesions
- **Nails:** Normal
- **Hair:** Normal
- **Edema:** Not present

- Pallor/ Icterus/ Cyanosis / Clubbing - Absent
- **Lymph Nodes:** Not palpable
- **Height:** 5'11"
- **Weight:** 76kg

### Vital signs

- Temperature- 98.6° F
- Pulse rate- 78/min
- Respiratory rate- 18/min
- Blood pressure- 140/90 mm of hg

### Systemic Examinations

- Gastrointestinal System: N.S.
- Cardiovascular System: N.S.
- Respiratory System: N.S.
- Genitourinary System: N.S.
- Locomotor System: N.S.
- Central Nervous System: N.S.

### Local Examinations

Soft cystic swelling on right elbow which is painless.

### Investigation

None.

### Diagnosis

Olecranon bursitis?

### Miasmatic Evaluation

The miasmatic evaluation of the patient's presenting symptoms—encompassing both mental and physical general characteristics—was conducted with reference to various classical texts on miasms. The analysis indicated that the case exhibited a mixed miasmatic state, with a predominant Syco-syphilitic state.

### Totality of Symptoms

- Soft cystic swelling on right elbow
- Ailments from burden of responsibilities at very young age
- Anger++ sudden with quarrelsome behaviour
- Guilt of his failure to pursue his desirable career
- Desire for company

**Table 1:** Analysis and Evaluation of Symptoms

S. No.	Symptom	Intensity	Type of Symptom
1	Soft cystic swelling on right elbow	+++	Common symptom
2	Ailments from burden of responsibilities at a very young age	+++	Uncommon symptom
3	Anger, sudden, with quarrelsome behaviour	+++	Uncommon symptom
4	Guilt of failure to pursue his desirable career	+++	Uncommon symptom
5	Desire for company	+++	Uncommon symptom

### Repertorial Totality

After case-taking and analysis, the characteristic symptoms were taken and converted into rubrics for repertorization as follows:

- Mind—ailments from—ambition—deceived
- Mind—ailments from—anger—suppressed
- Mind—ailments from—opportunities to realise his abilities lack of
- Mind—intellectual
- Mind—ailments from—responsibility—early too
- Extremities—bursae—cysts

Repertorisation was done following Synthesis repertory on the basis of 6 rubrics. Following medicines appear as given in the repertorisation chart. In the repertorisation chart, Carcinosin appeared as the topmost medicine and also after referring to Materia Medica, prescription was CARCINOSIN 200. The presenting mental as well as physical symptom of the patient with modalities was more prominent in Carcinosin in comparison to the other medicines.

**Clipboard 1**

**MIND**

- 1 MIND - AILMENTS FROM - ambition - deceived
- 2 MIND - AILMENTS FROM - anger - suppressed
- 3 MIND - AILMENTS FROM - opportunities to realize his abilities; lack of
- 4 MIND - AILMENTS FROM - responsibility - early; too
- 5 MIND - INTELLECTUAL

**EXTREMITIES**

- 6 EXTREMITIES - BURSAE - cysts

Remedies	ΣSym	ΣDeg	Symptoms
carc.	4	4	2, 3, 4, 5
nat-m.	3	4	1, 2, 5
aur.	3	3	1, 2, 5
puls.	3	3	1, 2, 5
sulph.	2	5	5, 6
lyc.	2	4	2, 5
germ-met.	2	3	2, 5
ign.	2	3	2, 5
nux-v.	2	3	1, 5
sil.	2	3	5, 6
acon.	2	2	2, 5
anac.	2	2	2, 5
bell.	2	2	1, 5

**Fig 1:** Repertorial Chart

### First Prescription:

Rx

**CARCINOSIN 200/ 1 dose**

4 pills empty stomach early morning at interval of 10 minutes

### SAC LAC 30/ tds

4 pills; 3 times in a day for 15 days

**Table 2:** Follow Up Chart

S.no.	Date	Symptomatology	Prescription
1.	28/07/2025	No such relief in the symptoms Anger +++	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
2.	12/08/2025	Cystic swelling is slightly reduced Anger +++	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
3.	6/08/2025	Cystic swelling is reduced more Anger reduced	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
4.	10/09/2025	Cystic swelling much reduced Anger reduced	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
5.	9/09/2025	Cystic swelling much reduced Anger much reduced	Carcinosin 1M/ 1 dose Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
6.	19/10/2025	Cystic swelling almost reduced Anger much reduced	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days
7.	03/11/2025	Cystic swelling completely reduced Anger much reduced	Sac lac 30/ tds, 15 days Syzygium Ø/ tds, 10 drops with half cup of water, 15 days



### Discussion

The present case demonstrates the positive role of individualized homoeopathic management in olecranon bursitis. The patient presented with soft cystic swelling on the left elbow which was painless. A detailed case-taking revealed characteristic symptoms that matched the remedy Carcinosin, which was selected based on the totality of symptoms, including characteristic modalities and constitutional features rather than diagnosis alone, highlighting the importance of individualized prescribing in

homoeopathic practice. Olecranon bursitis is an inflammatory condition of the synovial bursa overlying the olecranon process of the ulna. The bursa normally facilitates smooth movement between the skin and the underlying bone; however, repeated mechanical stress, trauma, infection, or systemic disease can disturb this balance, resulting in fluid accumulation and inflammation. Because of its superficial location, the olecranon bursa is particularly vulnerable to irritation and injury.

**Conclusion**

After proper case taking, the case was repertorized using Synthesis Repertory as this repertory has marked generals. Margaret Tyler has designated specified mentals as high-grade or qualified mentals as against common mentals. The same qualification of symptoms holds good in respect of physical generals and particulars. The qualified symptoms not only help to individualize the person but also narrow down the field of choice. Hence, this repertory was suitable for this case. Carcinosin was prescribed to the patient, which proved to be really beneficial. Thus, this case report proves the effectiveness of individualized homoeopathic medicine in the treatment of olecranon bursitis.

**Conflict of Interest**

Not available

**Financial Support**

Not available

**References**

1. Wieting JM, Kishner S. Olecranon bursitis: practice essentials, etiology, prognosis. Medscape. Overview of causes, clinical features, and workup of olecranon bursitis.
2. Harrison TR, Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, editors. Harrison's principles of internal medicine. 21st ed. New York: McGraw-Hill; 2022. p. 2845-2850.
3. Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR, editors. Kelley and Firestein's textbook of rheumatology. 10th ed. Philadelphia: Elsevier; 2017. p. 1547-1555.
4. Hahnemann S. Organon of medicine. 5th & 6th ed. New Delhi: B. Jain Publishers Pvt Ltd; 2015. p. 85-110.
5. Boericke W. Pocket manual of homoeopathic materia medica and repertory. 9th ed. New Delhi: B. Jain Publishers Pvt Ltd; 2013. p. 424-426.
6. Allen HC. Allen's keynote rearranged and classified. 10th ed. New Delhi: B. Jain Publishers Pvt Ltd; 2013. p. 190-195.

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