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## Utility of homoeopathic management in osteoarthritis

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### Abstract

Without bone there is no existence of human body. Bone is the base of human body; the whole structure of body depends upon bone. Any disease related to bone, synovial fluid, cartilage will lead to one of the leading disorders of bone that is osteoarthritis. Osteoarthritis is an enlightened disorder of cartilage degeneration, synovial inflammation osteophytes formation thinning of joints space and sub chondral sclerosis. Osteoarthritis leads to pain, disability as well as difficulty in joints and restricts the routine movements of human being. Osteoarthritis is common rheumatic disease; Limitation of controversial medicine management of this condition indicates the real need to safe and effective treatment of osteoarthritis. In Homoeopathy there is lots of scope for the treatment of this disease because homoeopathy follows the nature of law similia similibus curenture and treats the person as a whole by doing the individualization and selecting the constitutional medicine.

**Keywords:** Osteoarthritis, management, homoeopathy, miasm

### Introduction

Osteoarthritis (OA) is a common progressive rheumatic disease characterized by the degeneration and eventual loss of articular cartilage. Although OA affect any joint containing hyaline cartilage, troublesome symptoms occur most often in the weight bearing joints of the lower extremities. It is most common of all rheumatic disease and is the leading cause of joint pain in middle aged and elderly persons. Osteoarthritis is destined to become the most prevalent disease in our society and generate enormous costs. Pain, Swelling, tenderness and stiffness are common symptoms of OA while constitutional symptoms as malaise, fatigue, loss of appetite anxiety and depression are associated with this condition.

The main aims of conventional therapy of OA are pain control and reduction of progressive of joint damage in order to minimize disability and maximize quality of life. Many different therapeutic interventions are currently played for the management of OA. In additional drug therapy includes non-opioid analgesics such as paracetamol, nonsteroidal anti-inflammatory drug (NSAIDs) topical analgesic opioid analgesics and intra articular steroid injection such treatments may prove ineffectual in some patients and NSAIDs are potentially toxic serious adverse effects.

There is a need for such medicines by patients who do not respond well to conventional medical therapy and who are not suitable for or refuse surgery.

Many such patients are turning increasingly to complementary or alternative medicines (CAM). The use of CAM by suffers of rheumatic disease is highly prevalent and increasing, with homoeopathy being one of the most popular CAM treatments in this patient's group. Belief in the effectiveness of homoeopathy in general is widespread and growing among physicians and the public homoeopathy has got a very valuable result and very helpful in treating cases of osteoarthritis Pain, discomfort, restricted movement all are well combat with homoeopathy medicine. Surgeries are also helped by homoeopathy. Homoeopathic medicine can act marvelously before and after surgical management. Other types of arthritis is well cured by homoeopathy.

### Epidemiology

Osteoarthritis is one of the most common joint diseases. In developing countries knee osteoarthritis is the leading cause of chronic disability among the elders.

Osteoarthritis is the single most common cause of disability in older adults. The 2010 Global Burden of Disease Study reports that the burden of musculoskeletal disorders is much larger than estimated in previous assessments and accounts for 6.8% of DALYs worldwide. An estimated 10% to 15% of all adults aged over 60 have some degree of OA, with prevalence higher among women than men. Across the EU Member States, diagnosed OA prevalence varies from 2.8% in Romania to 18.3% in Hungary.

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The prevalence of OA is increasing due to population ageing and an increase in related factors such as obesity. According to the United Nations, by 2050 people aged over 60 will account for more than 20% of the world's population. Of that 20%, a conservative estimate of 15% will have symptomatic OA, and one-third of these people will be severely disabled. This means that by 2050, 130 million people will suffer from OA worldwide, of whom 40 million will be severely disabled by the disease.

### Osteoarthritis

There are mainly two types of Osteoarthritis:

**A) Primary Osteoarthritis:** In this type there is no obvious predisposing cause evident. There is a presumptive abnormality of chondrocyte metabolism but it's essential nature obscure. A familial pattern is apparent in some case.

**B) Secondary Osteoarthritis:** In this there is a clear association with some predisposing condition which may be virtually any abnormality of the joint like.

- 1) Alteration of joint mechanism e.g. abnormal ligament and angulation. A severe form is seen when the nerve supply to a joint is defective-neuropathic arthropathy.
- 2) Abnormality of the articular surface e.g. injury.
- 3) Abnormal stress of the joint e.g. increased weight-bearing demand due to obesity, association with particular occupation.
- 4) Previous inflammation e.g. sepsis, rheumatoid.

### Causes

1. Development cause:
  - Slipped femoral epiphysis
  - Epiphysiolysis
  - Hip dysphasia
  - Intra-articular acetabular labrum
2. Traumatic cause:
  - Intra-articular fracture
  - Meniscectomy
  - Occupational e.g. elbow of pneumatic drill
3. Metabolic cause:
  - Alkaptonuria (achrososis)
  - Haemochromatosis
  - Wilson's disease
  - Chondrocalcinosis
4. Endocrine cause:
  - Acromegaly
5. Inflammatory cause:
  - Rheumatoid arthritis
  - Gout
  - Septic arthritis
  - Hemophilia
6. Aseptic necrosis:
  - Corticosteroid
  - Sickle cell disease
  - Decompression sickness
  - SLE and other collagenases
7. Neuropathy
  - Tabes dorsalis
  - Syringomyelia
  - Diabetes mellitus
  - Peripheral nerve lesion
8. Miscellaneous:
  - Paget's disease
  - Gaucher's disease.

Healthy (probably autosomal dominant transmission) strongly influences development of Heberden's nodes.

### Clinical features of osteoarthritis

The joints most frequently involved are those of weight bearing bones like spine, hips, knees and hands. The disease is confined to one or only a few joints in the majority of patients. The clinical features of osteoarthritis vary as follows:

### Primary generalised osteoarthritis

Symptoms:

Onset: Gradual

Pain: Deep aching, intermittent at first but becomes persistent afterwards.

Modalities: Pain increased by joint use and decrease by rest. In advanced osteoarthritis nocturnal pain may be seen which interferes sleep.

### Cause of pain

- Synovial inflammation
- Microfracture of subchondral bones
- Stretching of periosteal nerves by osteophytes
- Stretching of ligament
- Inflammation and distension of capsule
- Muscles spasm Sign- Localized tenderness of joint
- Bony crepitus of joints is characteristic
- Warmth over the affected joint
- Peri-articular muscles atrophy
- Advanced stage of osteoarthritis may have
  - Gross deformity
  - Bony hypertrophy
  - Subluxation
  - Marked loss of joint motion.

### Nodal Osteoarthritis

This is clinically from primary generalized osteoarthritis. Which occur predominantly. Affected Joint

- Terminal inter-phalangeal joints of the finger with development of generalized gelatinous cysts or bony outgrowth on the dorsal aspect of these joints (Heberden's nodes)
- Onset: Acute
- Pain: Swelling, inflammation
- Associated with a good of deformity
- Heberden's nodes seldom cause serious disability
- Similar lesion may affect proximal inter-phalangeal joints called Bouchard's nodes.
- The disorder also frequently involves in the carpo-metacarpal joints of the thumb, the spinal epiphysial joints, the hip and the knees.
- A strong family history of Heberden's' nodes is usually single autosomal dominant gene.
- Patient with nodal primary generalized osteoarthritis is more susceptible to Secondary osteoarthritis.

### Erosive osteoarthritis

This is more severe form of nodal primary generalized osteoarthritis. Character: Episodic symptoms and signs of local joint inflammation with development of destructive subchondral erosion and instability in the proximal and the distal inter-phalangeal joints. Non-Nodal primary generalized osteoarthritis

Characterized by a more equal sex incidence and less prominent distal inter-phalangeal joint disease. Osteoarthritis of the knee joint

This is often associated with obesity. Isolated knee osteoarthritis may however be a consequence of various knee deformities associated with medial meniscectomy and dysplasia such as Blount's disease. Isolated hip Osteoarthritis

This is frequently secondary to some predisposing causes such as inequality of leg length, preceding hip disease, acetabular dysplasia or occupational trauma. The superior pole hip is typically affected in such cases where as hip disease in primary generalized osteoarthritis is usually medial or concentric.

### Investigation of osteoarthritis

Osteoarthritis is currently diagnosed by physical examination and, where necessary, with x-ray, MRI scan and arthroscopy. However, these diagnostic tools have low sensitivity and specificity. There are no biomarkers for OA that can be used in clinical practice at this time. The treatment of OA involves: treating associated pain; visco supplementation with intra-articular hyaluronate injections; intra-articular corticosteroid injections; joint replacement surgery; and, in rare circumstances, autologous chondrocyte implantation into the damaged areas.

Following are the investigation done to diagnosis osteoarthritis.

1. Radiological: X - Ray of affected joint most significant investigation for osteoarthritis. The most important changes in X - ray are
  - Narrowing of the joint space due to loss of cartilage.
  - Formation of osteophytes at the margin of the joint.
  - Sclerosis of the underlying bone and cyst formation.
  - There is often calcification which takes one of the two form.
  - Linear calcification which is characterized of pyrophosphate deposition.
  - Spotty calcification which is characterized of hydroxyapatite deposition.
2. Synovial fluid study:
  - The fluid is viscous and has a low cell count.
  - Cartilage degradation products such as keratin sulphate and pyridinamine cross-links derived from collagen are increased in "the synovial fluid and urine but not useful in diagnosis.
3. Blood: Blood count and ESR are characteristically normal.
4. Isotope scintigraphy with <sup>99m</sup>Tc bisphosphonate shows increased uptake of isotope in osteoarthritis joint that are destined to develop progressive damage.

### Homoeopathy and Osteoarthritis

Osteoarthritis is a constitutional disease though it may be affecting a particular part. It needs a detail study of the patient sickness and the person as a whole. Father Hahnemann has clearly mentioned regarding the removal of the cause in Aphorism 3 and in aphorism 5 he has mentioned the role of fundamental and maintaining cause in the development and progress of chronic disease. He has even mention about the various obstructive factors that

obstruct that obstruct the path of management of cure. A homeopathic physician concerned with the whole man because the man is the house of every organ where he lives, homeopathic system of medicine is holistic approach and aim to curing as a whole. The same medicine may be helpful or curative in osteoarthritis, as well as muscular disorder or cardio vascular disorder or nervous disorder because we select the simillimum medicine on the basis of individualization.

### Organon of medicine

According to organon of medicine, Aphorism-67 (FN) - only in the most urgent cases, where danger to life and imminent death allow no time for the action of a homoeopathic remedy..... In sudden accidents.

While treating osteoarthritis in homoeopathy we may divide in 2 category:

1. Surgical
2. Non-surgical

Sec- 189- and yet very little reflection will suffice to convince us the no external malady can arise, persist or even grow worse without some internal cause, the co-operation of the whole organism..... no eruption on lip, no whitlow can occur without previous and simultaneous internal ill-health.

Sec-193- by means of medicine employed internally..... The general morbid state of the body is removed along with local affection..... as one of the most considerable and striking symptoms of whole disease.

Sec-204- if we deduct all chronic affection, ailments and disease that depends on [persistent unhealthy mode of living.....

### Homoeopathic Approach towards Osteoarthritis

In osteoarthritis a homoeopathic physician must do this thing-

1. Proper history of the patients.
2. Physical examination.
3. Clinical examination/systemic examination.
4. Laboratory investigation.

Others

- Miasmatic analysis- psora, syphilis, sycosis.
- Exciting cause/ maintaining cause/ fundamental cause
- Obstacle to cure for that particular disease.
- Accessory circumstances- age, sex, mode of living.....etc.

Following are the various concept of disease.

### Fundamental Causes

**A) Sycosis:** This is the most prevailing fundamental cause lurking behind osteoarthritis. All the common features of osteoarthritis are suggestive of the grand possibility of Sycosis. In addition, family history of osteoarthritis and its seasonal variation especially wet weather are very much in favour of sycosis following points are in favour of sycosis.

- Pain in joint
- Pain aggravated rest and ameliorate, rubbing, stretching
- Aggravated damp, humid weather
- Ameliorate dry weather
- Soreness and lameness are very characteristic

**B) Syco-Syphilis:** there are some patient having symptoms of latent syphilis in associate with developed sycosis. In

addition to symptoms of development syphilitic as mention above there may be symptom of latent syphilis.

- Family history of syphilis
- Night aggravation of the pain

**C) Psora:** The suggestive feature of psora in osteoarthritis are as follows:

- Soft flabby non-resistance of muscles
- Cold clammy perspiration, sometime offensive
- Constant chilliness
- Aggravation by pressure on the affected part
- Burning of sole and feet

#### **Maintaining Cause**

- Damp dwelling
- Persistent mental worries and anxiety
- Over use and improper use of various joints as seen occupational habits
- Obesity

#### **Exciting Causes**

- Occupational
- Environmental
- Physical exertion
- Emotional

#### **Predisposing Factors**

- Age : more then 40 years of age
- Sex : female
- Season : wet rainy weather
- Vaccination

#### **Homoeopathic in Osteoarthritis**

- Homoeopathic medicine helps in both pre, during and post-surgical as well as in osteoarthritis, it may change the surgical situation in non-surgical, by taking homoeopathic medicine we can avoid many complications.
- Homoeopathic medicine affects in both mental and physical level.
- Miasm and constitutional study of the patient is important. Causation hints the cure.
- Homoeopathy is concerned with the non-traumatic injuries like abrasion, bruise, laceration.
- Kent's technique to take a case, from general to particular is the other important approach of dealing with this type of case of osteoarthritis and helps in individualization.
- Homoeopathy can also treat the intra-uterine complication and congenital deformities by proper miasmatic medication. As mention in sec 285(FN) mother in their pregnancy ..... mild antipsoric treatment with Sulphur.....the children usually more healthy and stronger.
- Boenninghausens doctrine of grand generalization is also very important approach as we can collect symptoms on the basis of location, sensation, modalities.

#### **Management of Osteoarthritis**

The treatment of osteoarthritis is aimed at reducing pain, maintaining mobility, minimizing disability and thus

improving the function of the joint. The patient education and encouragement of a positive approach are particularly important in osteoarthritis.

The pathological changes of osteoarthritis are irreversible, the overall prognosis for maintaining function is generally good and a great deal can be done to alleviate symptoms by

- Improving muscle strength
- Maintaining mobility of the affected joint
- Avoidance of trauma and physical stress to the affected joint

#### **1. Reduction of joint loading**

Osteoarthritis may be caused or aggravated by poor body mechanics. So, following precautions are necessary.

- Corrections of poor postures and a support for excess lumbar lordosis can be helpful.
- Excessive loading of the involved joint should be avoided.
- For patients with medial-compartment knee osteoarthritis, a wedged insole may reduce joint pain.
- Patient with osteoarthritis of the knee or feet should avoid prolonged standing, kneeling and squatting.
- Running shoe may also be helpful in cushioning the load.

#### **2. Physical therapy**

- Application of heat may reduce pain and stiffness.
- Hot shower or bath is helpful.
- Sometimes better analgesia may be obtained with ice than with heat.

#### **3. Exercise**

- Exercise should be designed to maintain range of motion as well as to strengthen muscles surrounding the joint.
- Isometric exercise is generally preferable than isotonic exercise since they minimize joint stress.
- In case of moderately severe knee osteoarthritis, strengthening of quadriceps and hamstring muscles by can isometric exercise programmed significantly decrease the joint pain.
- In control group that perform range of motion, exercise has no gain in muscle strength and knee pain worsen during the period of observation.
- Hydrotherapy is particularly useful for hip joint, sometimes enabling a stiff joint to be mobilized and providing symptoms relief.
- A walking stick is useful for a patient involvement of one hip or knee and should be help in the opposite hand.

#### **4. Joint protection technique**

- Fitting of rubber heels to reduce jerking and minimize the risk of slipping.
- Built up shoes to equalize leg length.
- Weight reduction in obese patients with osteoarthritis of the knee and hip.
- Use of suitable walking stick.
- Occasionally patients are advised to change their occupation, transfer to lighter work or give up unduly strenuous hobbies.
- Modifications of existing activities to avoid prolong



standing or walking is all that is required.

- In case of obese patient:
- Loss of weight.
- Dietary restriction sufficiently to result in 28% decrease in body weight result in 40% reduction in the severity of osteoarthritis lesion.
- Weight loss did reduce the risk if knee symptoms in obese women with radiographic evidence of knee osteoarthritis.

### 5. Rest

- Rest during the day also may be beneficial.
- Complete immobilization of the painful joints is rarely indicated.
- In unilateral hip or knee osteoarthritis, a cane held in the contralateral hand may reduce joint pain by reducing the joint contact force.
- In bilateral it may be necessary to use a Crutcher or a walker.

### Important Homoeopathic Medicine in Osteoarthritis

1. **Benzoic Acidum:** Joints crack on Motion Tearing with stitches. Pain in tendon Achilles. Pain and swelling in knee.
2. **Bryonia alba:** Knees stiff and painful. Hot swelling of feet joints red, swollen, hot, with stitches and tearing; worse on least movement. Every spot is painful on pressure. Constant motion of left arm and leg
3. **Causticum:** Manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicated by the tearing, drawing pains in the muscular and fibrous tissue, with deformities about the joint's progressive loss of.
4. **Ginseng Quinquefolium:** Hands feel swollen, Coldness in back and spine. Nightly diggings in right lower limb to toe burning heat in tips of finger. Stiff, contracted joints, heaviness of lower limbs cracking in joints. Stiffness in back.
5. **Cocculus Indica:** Knees crack on motion. Lower limbs very weak, Inflammatory swelling on knee. Intense painful, paralytic drawing. Limbs straightened out, painful when flexed.
6. **Hepar Sulphuric Calcareum:** Finger joints swollen; tendency to easy dislocation. Nail of great toe painful on slight pressure.
7. **Kali Bichromium:** Pain fly rapidly from one place to another. Wondering pains, along the bones, worse cold. Bones feel sore and bruised. Pain, swelling and stiffness and crackling of all joint's soreness of heel when walking. Pain in small spots.
8. **Kali Carbonicum:** Uneasiness, heaviness and tearing in limbs and jerking. White swelling in knee. Tearing in arms from shoulder to wrist lacerating in wrist joint. Pain from hip to knee. Pain in knee.
9. **Ledum Palustre:** Cracking in joints; worse warmth of bed. Arthritic pain begins in lower limbs and ascends. Ankles swollen.
10. **Natrum Muriaticum:** Pain in back, with desire for some firm support. Ankles weak and turn easily cracking in joints on motion (if tongue and other symptoms correspond, acts probably by increasing the elimination of the urate of sodium) chronic arthritis.
11. **Medorrhinum:** Pain in back with burning heat. Legs

heavy; ache all night; cannot keep them still. Finger joints enlarged, puffy. Gouty concretions heels and balls of feet tender. Restless; better, clutching hands.

12. **Pulsatilla:** Drawing, tensive pain in thighs and legs, with restlessness, sleeplessness and chilliness. Pain in limb, sifting rapidly; tensive pain letting up with a snap. Numbness around elbow knees swollen, with tearing drawing pam.
13. **Rhododendron:** Joints swollen. Rheumatic tearing in all limb especially right side; worse, at rest and in strong weather. Stiffness of neck. Pain in shoulder arm, wrists; worse when at rest. Pains in bone in spots and reappear by change of weather. Cannot sleep unless legs are crossed.
14. **Rhus Toxicodendron:** pt. patient swelling of joints. pain tearing in tendons, ligaments and fascial. Rheumatic pains spread over a large surface at nape of neck, joints and extremities, motion tenderness about knee joints. Limbs stiff paralyzed, the cold fresh air is not tolerated, it makes the skin painful.
15. **Stellaria Media:** Sharp, shifting, rheumatic pains in all parts very pronounced. During pains in almost every part, stiffness of joints; parts sore to touch worse, motion, chronic rheumatic, shifting pain.
16. **Thuja occidentalis:** When walking limbs feel as if made of wood of glass, and would break easily. Tips of fingers swollen, red, feel dead. Cracking in joints.
17. **Ruta gravelons:** Small of back and loins pain contraction of fingers. Pain and stiffness in wrists and hands. Hamstrings feel shortened. Tendon sore. Thighs pain when stretching the limbs. Pain in bones of feet and ankles great restlessness.

These are the important and emergency medicine in a case of Osteoarthritis, which helps in prompt and good results.

### Repertorial Analysis

#### From Synthesis Repertory

**Extremities-Arthritic nodosities** - abies-c. abrot. acon. agn. alum. am-be. am-p. *Ant-c.* ant-t. APIS arg-met. arn. asper. *Aur.* BENZ-AC. berb. *Bry.* *Cal-ren.* CALC. CALC-F. *Calc-p.* *Calc-s.* caps. carb-an. CAUL. *Caust.* *Cic.* cemic. *Clem.* *cocc.* *Colch.* *Dig.* *Elaps* elat. eucal. eup-per. fago. *Form.* GRAPH. *Guaj.* *Hecla* hep. iod. kali-ar. kali-br. kali-c. *Kali-i.* kali-s. *Kali-sil.* lach. LED. LITH-C. LYC. mang. med. *Meny.* *Merc.* nat-lac. nat-m. nat-uric. nit-ac. nux-v. pipe. plb. *Puls.* ran-b. *Rhod.* *Rhus-t.* ruta sabin. sars. *Sil.* *Staph.* sul-ac. *Sulph.* tub. tub-r. ur-ac. urea *Urt-u.* x-ray

**Extremities – Bursae** - ARN. benz-ac. calc-p. cann-s. kali-m. NAT-M. PHYT. psor. *Rhus-t.* *Ruta* SIL. stann. STICT. syph.

**Extremities - Cracking in joints** - acon. agar. agn. am-c. anac. *Ang.* *Ant-c.* ant-t. arn. bar-c. benz-ac. brom. bry. calad. *Calc.* calc-f. *Camph.* cann-xyz. CAPS. carb-an. carbn-s. card-b. carl. caul. caust. *Cham.* chin. chlf. cic. clem. *Cocc.* coff. coloc. con. croc. dulc. euphr. *Ferr.* gins. graph. guare. haliae-lc. hep. ign. ip. irid-met. *Kali-bi.* *Kali-c.* kali-m. kali-n. *Kali-s.* ketogl-ac. lac-cp. LED. *Lyc.* lyss. m-ambo. m-arct. m-aust. mand. med. meny. *Merc.* mez. *Nat-c.* *Nat-m.* nat-p. nat-pyru. *Nat-s.* NIT-AC. *Nux-m.* *Nux-v.* ozone PETR. *Phos.* plb. psor. puls. ran-b. raph. rheum RHUS-T. ruta *Sabad.* sabin. sacch-a. sars. sel. seneg. *Sep.* spong. stann.

*Sulph. Thuja. tritic-vg. tub. vanil. verat. x-ray Zinc.*

**Extremities - Pain – Joints** - abies-c. abrot. acon. *Acon-c. Act-sp.* aesc. agar. agar-ph. *Agn.* all-c. aloe *Alum.* alum-p. alum-sil. alumn. am-c. am-m. am-p. *Ambr.* anac. anag. androc. ang. anh. ant-s-aur. *Ant-t.* anthraq. *Apis Apoc.* *Apoc-a.* aran. arb. ARG-MET. arg-n. arist-cl. ARN. *Ars.* *Ars-i.* ars-s-f. arthr-u. *Arum-t.* asaf. asar. asc-t. aster. atp. aur. aur-ar. aur-i. *Aur-m-n.* aur-s. bar-act. bar-c. bar-i. bar-m. bar-s. *Bell.* bell-p. benz-ac. berb. *Bol-la.* bora-o. *Bov.* BRY., CALC-P. calc-s. calc-sil. *Camph.* cann-i. *Caps.* carb-ac. carb-an. *Carb-v.* *Carbn-s.* *Carl.* cartl-s. casc. cassia-s. *Caul.* *Caust.* cedr. *Cham.* chel. chel-g. *Chin.* chinin-ar. *Chinin-s.* chlor. choc. cimic. *Cimx.* *Cinnb.* cist. *Cit-v.* clem. cob. coc-c. *Coca Cocc.* *Coch.* coff. *Colch.* coli. *Coloc.* com. con. conch. convo-s. cop. *Cor-r.* cot. croc. *Crot-h.* crot-t. cupr. cycl. daph. dig. dios. dros. *Dulc.* erig. euon. EUPH. eys. *Ferr.* *Ferr-ar.* ferr-i. *Ferr-p.* flGins. *Graph.* grat. *Guaj.* guare. hell. *Hep.* hera. hippoz. hist. hydr. hydrc. *Hyos.* *Hyper.* ign. ind. indg. *Iod.* ip. iris jac-c. jatr-c. *Kali-bi.* *Kali-c.* *Kali-i.* kali-n. kali-p. kali-s. kali-sil. *Kalm.* kreos. *Lac-c.* *Lac-c.* *Lach.* lappa lat-h. lat-m. lath. lavand-a. LED. *Lith-c.* loxo-recl. luna *Lyc.* lyss. mag-c. mag-f. *Mag-m.* magn-gr. maias-l. mal-ac. mand. *Mang.* mang-act. marb-w. med. *Meny.* *Merc.* *Merc-c.* mez. mill. morph. mosch. *Mur-ac.* musca-d. *Nat-ar.* *Nat-c.* nat-f. nat-m. nat-n. nat-p. *Nat-s.* nit-ac. nit-s-d. *Nux-m.* NUX-V. ol-an. olib-sac. olnd. pant-ac. par. penic. petr. *Ph-ac.* *Phos.* phys. physala-p. *Phyt.* pic-ac. *Plan.* *Plat.* PLB. plect. plut-n. positr. *Prun.* psil. ptel. PULS. pyrus rad-br. *Ran-b.* ran-s. raph. *Rheum Rhod.* RHUS-T. ribo. rumx. *Ruta sabad.* *Sabin.* sal-ac. sal-fr. *Salol.* *Sang.* *Sars.* sec. sel. senec. *Seneg.* *Sep.* *Sil.* sol-ni. sol-t-ae. SPECT. SPIG. spong. squil. *Stann.* *Staph.* stict. *Stram.* STRONT-C. stroph-s. sul-ac. *Sulph.* symph. syph. TARAX. tarent. tax-br. tep. ter. teucr. thal-xyz. thala. thuj. tritic-vg. trom. tub. tub-r. v-a-b. VALER. vanil. *Verat.* verat-v. vesp. viol-o. zinc. zinc-p.

**Generals - Inflammation - Joints; of** - abrot. ACON. *Agn.* am-be. am-c. am-caust. am-m. am-p. ambr. *Ang.* ant-c. *Ant-t.* APIS aran. aran-ix. arb. arg-met. arist-cl. *Arn.* ars. asar. *Aur.* aur-m-n. bar-c. BELL. *Benz-ac.* berb. bora-o. botul. brach. brass-n-o. BRY. *Calc.* calc-hp. calc-p. carb-ac. carc. caul. *Caust.* cham. chin. chinin-s. cimic. clem. cocc. *Colch.* *Guaj.* lith-sal. *Lyc.* lyss. mand. *Mang.* mang-act. meny. *Merc.* mez. moni. morg. *Nat-m.* *Nat-s.* nit-ac. nux-v. ph-ac. phos. *Phyt.* podo. *Psor.* *Puls.* pyrog. rad-br. ran-b. *Rhod.* *Rhus-t.* *Ruta.* *Sars.* *Sep.* SIL. spong. *Stel.* stict. streptoc. stront-c. sul-i. *Sulph.* syph. tarax. thuj. toxo-g. tub. tub-r. uncar-tom. urt-u. valer. ven-m. verat. verat-v. visc.

**Generals - Softening bones** - am-c. ASAF. aur. bar-c. *Bell.* bufo CALC. calc-f. *Calc-i.* calc-p. caust. cic. con. ferr. *Ferr-i.* ferr-m. *Ferr-p.* guaj. hecla *Hep.* iod. ip. *Kali-i.* *Lac-c.* *Lyc.* mag-f. mag-p. MERC. mez. *Nit-ac.* nux-m. *Ol-j.* parathyr. petr. ph-ac. *Phos.* plb. *Psor.* *Puls.* rhod. ruta *Sep.* SIL. staph. *Sulph.* syph. ther. thuj.

#### From Kent's Repertory

**Extremities - Inflammation – Bones** - *Asaf.* *Aur.* *Calc.* FL-AC. MERC. *Mez.* PH-AC. *Rhus-t.* SIL.

**Extremities - Inflammation – Joints** - ACON. *Ang.* APIS *Arn.* *Aur.* BELL. BRY. *Calc.* *Caust.* *Ferr-p.* *Guaj.* hyper.

*Iod.* *Kali-c.* *Kali-i.* *Kalm.* *Kreos.* *Lac-ac.* lach. LED. lith-c. *Lyc.* *Mang.* meny. *Merc.* *Nat-m.* *Nat-s.* *Phyt.* *Psor.* *Puls.* *Rhod.* *Rhus-t.* *Ruta* sabin. *Sars.* *Sep.* SIL. *Sulph.* verat-v.

#### From BBCR

**Bones - Inflammation of** - ACON. *Ang.* ARS. ASAF. AUR. BELL. *Bry.* CALC. calc-f. CHIN. *Clem.* coloc. CON. cupr. dig. euph. HEP. iod. kreos. LACH. LYC. mag-m. *Mang.* MERC. merc-c. MEZ. nat-c. NIT-AC. PH-AC. PHOS. plb. PULS. *Rhus-t.* SEP. SIL. spig. STAPH. SULPH. thuj. verat.

#### Conclusion

Osteoarthritis disease is not away from the Homoeopathy law. the doctrine of symptom similarity and derangement of vital force cured by internal medicine. Homoeopathy depends on Proper case taking and individualization and framing the totality of symptoms.

We don't have much scope in surgical cases but we have a better way of treatment in non-surgical cases. So, in this century the holistic approach is the nest way of treating a case of osteoarthritis. We must stick to our fundamental principle SIMILIA SIMILIBUS CURANTUR which helps as curative and preventive. So, in this type of cases homoeopathy offers a great scope of treatment in a most harmless and proper way.

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