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A case of gout trated with Homoeopathic constitutional remedy

Dr. S Sabari Rajan and Dr. Shibina K

Abstract

Gout was first described by Hippocrates. The term 'gout' is derived from Latin word 'gutta' and French word gote, both meaning a drop of liquid. Several hundred years ago gout was thought to be caused by drops of viscous humors that seeped from blood into the joints. Gout is the most common inflammatory arthritis worldwide; gout and hyperuricemia are on the rise owing mainly to dietary changes, obesity, and metabolic syndrome and increased age. In the past two decades the prevalence of gout has doubled owing mostly to changes in diet.

Keywords: Gout, metabolic disease, Homoeopathy, Kent repertory

1. Introduction

Gout is a true crystal deposition disease. It can be defined as the pathological reaction of the joint or periarticular tissues to the presence of monosodium urate monohydrate (MSUM) crystals. MSUM crystals preferentially deposit in peripheral connective tissues in and around synovial joints, initially favouring lower rather than upper limbs and especially targeting the first metatarsophalangeal and small joints of feet and hands. Gout is a metabolic disease that most often affects middle-aged to elderly men and postmenopausal women. It results from an increased body pool of urate with hyperuricemia. It typically is characterised by episodic acute and chronic arthritis caused by deposition of MSU crystals in joints and connective tissue tophi and the risk for deposition in kidney interstitium or uric acid nephrolithiasis.

2. Aetiology of Gout

2.1 Diminished renal excretion (common)

- Idiopathic.
- Familial juvenile gouty nephropathy.
- Inherent isolated renal tubular defect
- Renal failure
- Chronic drug therapy
- Lead toxicity

2.1.1 Increased production of uric acid (uncommon)

- Increased purine turnover
- Increased de novo synthesis (over producers)

2.2. Clinical Features

- Sudden onset of joint pain
- Joint swelling
- Heat in the affected area
- Joint redness

These symptoms and signs usually affect a single joint. The pain is typically severe, reflecting the severity of inflammation in the joint. The affected joint becomes swollen.

Gout frequently involves joints in the lower extremities. The classic location for gout to occur is the big toe (first metatarsophalangeal joint). Podagra is the medical term for inflammation at the base of the big toe. Gout can also affect the foot, knee, ankle, elbow, wrist, hands, or nearly any joint in the body. When gout is more severe or longstanding, multiple joints may be affected at the same time. This causes pain and joint stiffness in multiple joints.

2.3 Investigation

2.3.1. Uric acid blood test: The first step in diagnosing gout is usually a uric acid blood test. High uric acid levels are associated with gout.

2.3.2. Joint aspiration: A joint aspiration is usually the next step. This test involves removing a sample of fluid from the affected joint and examining it under a microscope for urate crystals.

2.3.3. X-rays: If patients have persistent joint disease or tophi under the skin and your doctor suspects chronic gout, an X-ray may help with the diagnosis. This will show if there are lesions or permanent damage.

2.3.4. Dual energy CT scan: This CT scan can detect urate crystals in a joint. However, it isn't routinely used due to its expense.

3. Case report

On December 2018, a patient of 55 years old reported in our OPD of VMHMC&H with the complaints of Pain and swelling of left toe and sole of foot since 2 years, Pain in the left knee joint since 2 years and Pain in the both wrist joint since 1 year.

4. History of Presenting Complaints

Patient was apparently normal before 2yrs then Pain started first in left metatarsophalangeal joint gradually then spreads to sole of left foot knee joint and then to both wrist joint since 2yrs. Pain and swelling of left great toe and sole of the left foot. <Walking, Pain in the left knee joint <Walking, >Rest, Pain in the both wrist joint <Holding things, folding hand. No h/o any other joint pain, inflammation, nodule etc. No h/o any trauma or injury etc.

He had not taken any specific treatment for the same. And at same time he had not suffered from any major illness in past. But his father died because of MI and mother is suffering from Diabetes mellitus. He has a habit of alcohol intake for past 20 years. And has strong desire for Meat especially beef. Patient was chilly temperament as complaints get worse at cold climates. Bowels and bladder remains normal and appetite and thirst also normal. General examinations everything was normal but in locomotors examinations some abnormalities detected. Which are: swelling, tenderness and restriction of movements, warmth on left great toe. Tenderness and warmth in left knee joint. Tenderness and swelling of both wrist joints.

Investigatory findings was serum uric acid level 8.6 mg/d L. on 06.12.18.

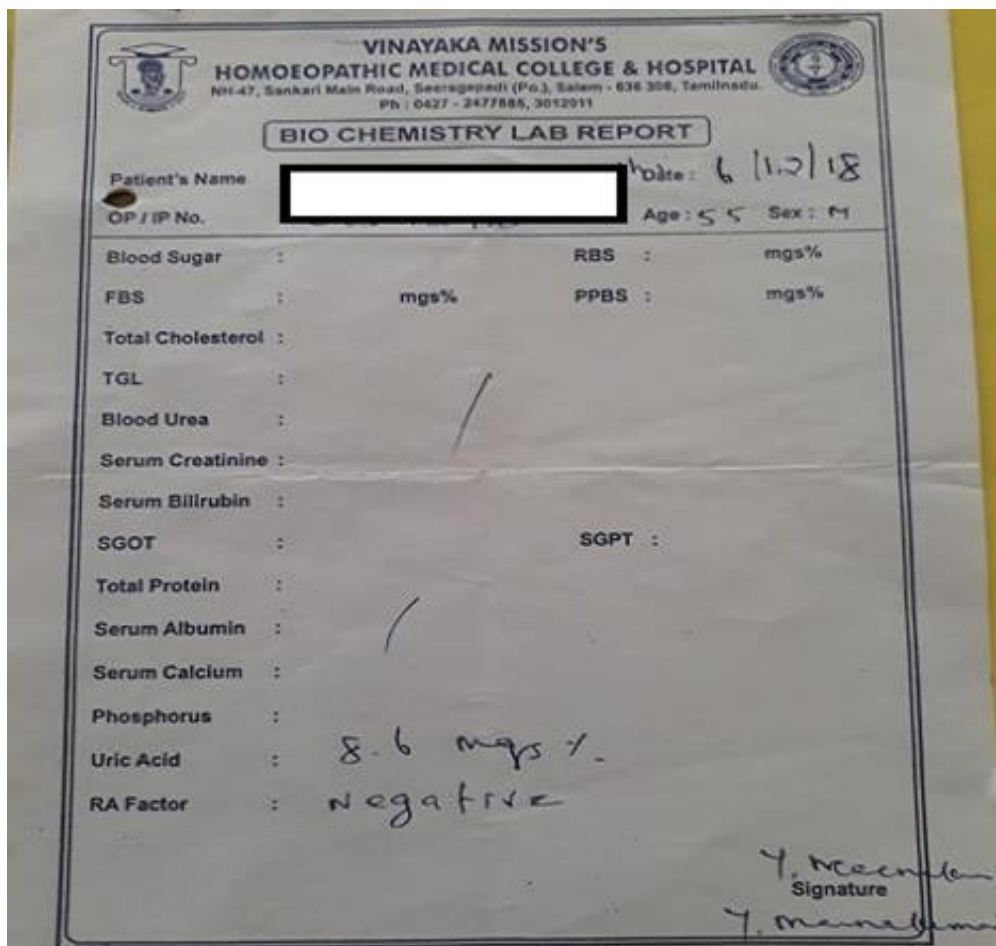


Fig 1: Showing serum uric acid before treatment dated 6.12.18

5. Treatment and follow-ups

5.1. Repertorial totality. Kent repertory in radar 10

- 1. Stomach-Desire-Meat
- 2. Sleep-Disturbed
- 3. Extrimities- Pain-Wrist Motion, On

- 4. Extrimities -Pain -Toes -Frist, Joint - Gouty
- 5. Extrimities -Pain -Stitching
- 6. Extrimities -Pain -Foot -Sole-Walking While
- 7. Extrimities -Heaviness- Knee

- 8. Extrimities -Pain --Knee-Left
- 9. Extrimities -Swelling -Toes -First -
Gouty-Like

3. Ammonium carb 5/5

5.2. Repertorial Result

- 1. Benzoic acid 9/6
- 2. Rhododendron 9/6

5.3. First Prescription

- 1. Benzoic acid 200/1 dose
- 2. Rubrum 30 tds for 14 days

5.4. Follow Up

Table 1: Follow up of the case

Follow Up Dates	Patient Status	Prescription
21.12.18	Swelling of grate toe reduced, joints pain remains same	1.Benzoic acid 200,1dose (1-0-0), 2. Bt 3gr (1-1-1) for 3 months. Patient was reviewed every two weeks for symptomatic assesment
14.03.19	knee joint pain, left great toe pain and swelling slightly Reduced, Generals are normal	1.SL (0-0-1), 2. Bt 3gr (1-1-1) for 3 months. Patient was reviewed every two weeks for symptomatic assessment.
09.07.19	all pains got reduced, swelling of great toe reduced	1. Benzoic acid 200,1dose (1-0-0), 2. Bt 3gr (1-1-1) for 3 months. Patient was reviewed every two weeks for symptomatic assesment
12.10.19	All complaints got reduced, swelling absent in great toe.	1.SL (0-0-1), 2.Bt 3gr (1-1-1) for 2months Patient was reviewed every two weeks for symptomatic assesment
11.12.19	All complaints got reduced, swelling absent in great toe. Serum uric acid level 6.9 mg/dL.	1.SL (0-0-1), 2.Bt 3gr (1-1-1) for 14 days

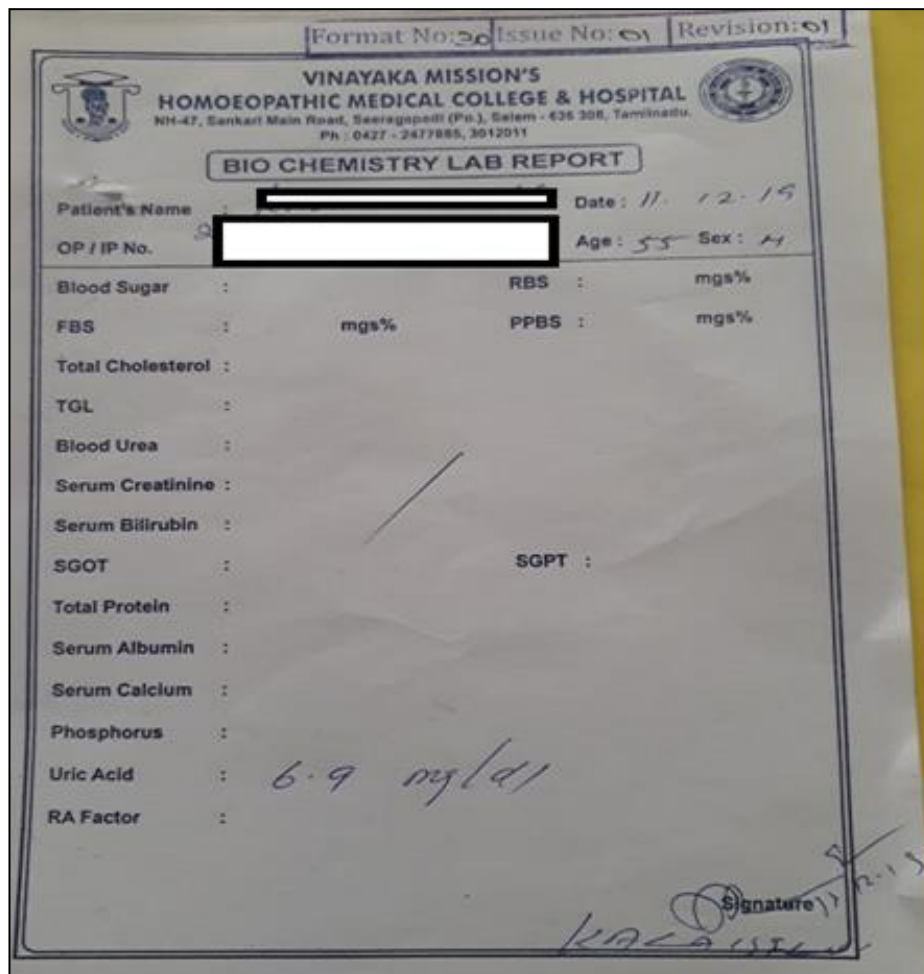


Fig 2: Showing serum uric acid after treatment dated 11.12.19

6. Discussion and Conclusion

In case of gout the Homoeopathic medicines work by reducing the uric acids overproduction by the body and accelerating the removal of this waste product from through the kidneys. Homoeopathy is known to control the uric acid

diathesis and is also useful in acute attacks. Its helps in controlling the pain during the acute attack of gout as well as helps in preventing the recurrence of such episodes. Benzoic acid is found to be one of the best remedies for gout.

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