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Prepatellar bursitis and homoeopathy: A case report

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Abstract

A case of prepatellar bursitis presented with swelling on right knee joint in front of patella was treated successfully with Homoeopathy. Ruta graveolens in gradually increasing centesimal potencies were administered at various interval on the basis of symptomatology. After few months the swelling on patella completely decreased.

Keywords: prepatellar bursitis, homoeopathy, ruta graveolens

Introduction

A bursa is a sac like structure that is present between the skin and tendon or tendon and bone, filled with fluid. It diminishes the friction between the skin and tendon or tendon and bone. Bursa are found on different part of the body esp. in between bones, muscles tendons etc. [1]. There are four major bursae associated with the knee joint: suprapatellar, infrapatellar, pes anserine, and prepatellar. As far as epidemiology is concerned it is more common in male than in female with incidence rate of 10/100000. 40 to 60 years age group are mainly affected by this type of bursitis. In immunocompromised patients/conditions it is more prevalent [2]. Prepatellar bursa is present between the patella and the overlying subcutaneous tissue. Clinically, patients may present with pain and swelling over the patella [3].

From treatment point of view prognosis is excellent. Most of the cases are easily tackled by conservative treatment. Surgical intervention is rarely needed. Further infection is the most common complication of prepatellar bursitis. There are other similar conditions like patellar subluxation/ dislocation, tibial apophysitis, patellar tendonitis etc. that need to be differentiated.

Homoeopathy provides a safe and conservative treatment of this type of bursitis. Homoeopathic literature is full of medicines which deal effectively with such condition presenting with swelling around joint. In the following case we shall see as to how a large prepatellar bursitis was managed with homoeopathic medicine viz. Ruta graveolens, conservatively.

Case Report

A female patient aged 40 years visited my OPD in 2019 with a large swelling on right knee joint as evident in the picture-1. After examination it was provisional diagnosed as prepatellar bursitis. Following symptoms were recorded during case taking.

Presenting symptoms

Soft pliable swelling on the right knee joint for 2 months

Physical examination

A soft, cystic swelling on patellar surface of right knee joint. Moveable.

Size- 2" diameter (approx).

Shape- round small ball like.

No pain or tenderness present.

Anaemia/palor/oedema- Nil

Blood pressure- 110/80 mm of Hg.

Pulse- 76/minute.

Physical general

Appetite- Good.
 Desire -Bitter, Fish,
 Stool - Regular,
 Thirst – Excessive.
 Sleep-Disturbed,
 Dream –Nothing particular.
 Sweat – Moderate.
 Thermal reaction- Hot patient.

Mental symptoms

Mind- Irritable.
 Likes company.

Past and Family History: Nothing particular.

Provisional diagnosis: Prepatellar bursitis

Totality of symptoms

1. Swelling on right knee.
2. Desire -bitter, fish.
3. Thirst -Excessive.
4. Sleep -disturbed.
5. Mind- Irritable

Miasmatic analysis

This case is mixed miasmatic with sycotic predominance.

Prescription

Ruta graveolens 30/ 4 doses, OD in the morning in empty stomach was prescribed on 11/09/2019

Table 1: Follow up of the case

Follow up	Date	Symptoms	Prescription
1 st	16/09/2019	X-ray of right knee, tibial and intercondylar spines are prominent	Continue the previous medicine.
2 nd	23/09/2019	Patient is better, X-ray shows tibial and inter condylar spines are prominent, size of swelling less by 70%. Sleep better than before.	Placebo 30/28 doses, BD
3 rd	18/10/2019	Swelling of the right knee joint less by 80%	Placebo 30/28 doses, BD
4 th	01/11/2019	Swelling less by 90 %.	Placebo 30/28 doses, BD
5 th	18/11/2019	Swelling less by 90%.	Placebo 30/28 doses, BD
6 th	02/12/2019	Swelling less by 90%, swelling reduced so that the patella is palpable.	Placebo 30/28 doses, BD
7 th	21/12/2019	Swelling less by 100% Small mass around the anus, pain before the stool, tongue clean moist, H/o bleeding per anus one year ago reappeared	Acid Nitricum- 200/ 2 doses/ OD liquid Placebo 30/28 doses, BD
8 th	10/01/20	Swelling vanished. Bleeding per anus increased, pain in the anus. In spite of this patient feels generally better.	Acid Nitricum- 200/ 2 doses/ OD liquid Placebo 30/28 doses, BD
9 th	31/01/2020	Bleeding per anus reduced.	Acid Nitricum 200/2 doses Liquid OD Placebo 30/28 doses, BD
10 th	28/02/2020	No Swelling reappeared, No bleeding per anus, No pain. Sleep improved.	Placebo 30/28 doses, BD



Photo 2: Ganglion on right knee before treatment dated 11.09.201



Photo 3: No ganglion on right knee after treatment dated 12/ 2019

Table 2: Causal assessment through Modified Naranjo Criteria

Domain	1 st follow up 16/09/2019			7 th follow up 21/12/2019		
	Yes	No	Not sure or not available	Yes	No	Not sure or not available
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2			+2		
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1			+1		
Was there an initial aggravation of symptoms?			0			0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?			0	+1		
Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1			+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0			0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms from organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?			0			0
Did "old symptoms" (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0	+1		0
Are there alternate causes (other than the medicine) that - with a high probability - could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)			0			0
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2			+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0			0
Total score	+6			+8		

Discussion

Through this case report a successful management of a case of prepatellar bursitis is presented to the profession. HOM-CASE guidelines have been followed for reporting purpose maintaining anonymity for validity [4]. The patient was having a large swelling on right knee joint for the last two months. After physical examination it was diagnosed as prepatellar bursitis. A thorough case taking was done. It was a mixed miasmatic case with sycotic predominance as any tumor generally falls under this miasm [5]. Ruta-g, belonging to rutaceae family, has the tendency of formation of deposits in the periosteum, tendons and about the joints. Apart from these, swelling holds a distinct place in the symptomatology of Ruta-g given in different Materia Medicas [6, 7, 8]. In this case, in addition to presenting complaint Ruta-g covered the mental and physical general symptoms which provided a strong support in favor of this medicine. Therefore, it was not much difficult for the author to zero in Ruta-g as first prescription. Ruta-g 30C in four doses once daily was prescribed. After first prescription, patient started improving which was evident by the gradual diminution in the size of the ganglion. No repetition of Ruta-g was required as improvement continued in subsequent follow ups as depicted in table-1. The whole swelling vanished in three months as indicated in the photo-3. The causal relationship between the complaints and the medicine was established by the Modified Naranjo criteria score [9]. At the time of first follow up the Modified Naranjo score was +6 and during 7th follow up the score was +8 as given in table 2. Patient was followed up for next few months but there was no reappearance of the swelling. It is pertinent to mention that after diminution of swelling an old symptom i.e bleeding per anus during defecation reappeared. After review Acid nitric 200C was administered which again relieved within two follow ups. This is a good positive observation as far as recovery of the patient is concerned. According to homoeopathic philosophy it is near to the law of cure.

Conclusion

Pre-patellar bursa, a common disorder related to joint, is amenable to individualized homoeopathic medicines. Among various indicated medicines Ruta-g is quite effective in quick recovery of such joint disorder as this complaint fall under the four walls of its sphere of action. Further research studies with scientific rigor are required to establish and explore the role of this much neglected medicine i.e Ruta graveolens in joint related disorder like swelling.

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