Homoeopathic management of Knee joint pain due to trauma: A case report

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Abstract

The structures involved in knee joint trauma due to fall includes tendons, ligaments, muscles or bones depending upon the force or impact of fall. Damage to these structures especially anterior cruciate ligament injury or meniscus tears has been recognized as a potential risk factor in developing rapid onset of post-traumatic osteoarthritis. This female patient aged 68 had a fall on knee joint and was admitted on 10/03/2023 with IP NO: 747, at Govt. Homoeopathic Medical College Thiruvananthapuram, for severe knee joint pain. Even though Arnica is the first remedy to be considered for trauma with sore bruised feeling, it failed to improve her condition and the constitutional medicine had removed her knee joint pain.

Keywords: Osteoarthritis, homoeopathy, arnica, rhus tox, Lachesis

Introduction

The knee joint is a complex joint that is made up of several structures including bones, ligaments, tendons and cartilage. The bones that form the knee joint are the femur or thigh bone, tibia or shin bone and patella or kneecap. The ligaments that support the knee joint are the anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral ligament (MCL), and lateral collateral ligament (LCL). The tendons that attach muscles to the knee joint are the quadriceps tendon and the patellar tendon. The cartilage in the knee joint is known as articular cartilage and it covers the ends of the bones to allow them to glide smoothly against each other.

If someone falls on their knee joint, they can experience various injuries ranging from mild to severe. The impact of fall can cause damage to the bones, ligaments, cartilage and tendons in the knee joint. Some of the common injuries that can occur due to falling on the knee joint include:-

1. Fractures: Falling on the knee joint can cause a fracture in the bones that make up the joint, such as the tibia or femur.
2. Ligament sprains or tears: The ligaments that supports the knee joint can be stretched or torn due to the impact of fall
3. Tendon injuries: Falling on the knee joint can cause damage to the tendons that attach muscles to the knee joint, leading to pain and weakness.
4. Cartilage injuries: The impact of the fall can cause damage to the articular cartilage in the knee joint, leading to pain and inflammation.

In case of fall on knee joint, apart from diagnosis of the traumatic condition, appropriate indicated medicines and accessory management like rest, ice, compression and elevation (RICE) is needed. The most common signs of knee injury are pain and swelling. In other conditions, the knee may catch or lock. Some knee injuries like ACL tear, cause the feeling of knee is giving way or instability [1]. Also, it is important to determine the acuity of the pathologic process as an acute traumatic or infectious event or exacerbation of a chronic overuse or degenerative syndrome [2]. Here, the knee joint pain comes under acute traumatic event.

Case Report

Patient Bio-Data

A 68-year-old retired teacher from Thiruvananthapuram was admitted in Govt. Homoeopathic Medical College Hospital Thiruvananthapuram with IP No: 747 and Bed No69 on 10/03/2023.
Presenting Complaints

- Pain in both knee joints; more on left knee – 3 days. < Walking, bending, sitting. > Rest on bed.
- Pain in shoulder joint – left side.
- Pain in hip region and left leg. < walking & sitting.

History of presenting complaints

- Pain in left knee joint started after a fall on knee joint 3 days back. She fell on road while she was getting into an autorickshaw. Thereafter she couldn’t get up by herself and with the support of nearby people she reached home.

Treatment history

- For knee joint pain, she took analgesic for 3 days – Dolo tablet.
- For shoulder joint pain and hip joint pain, she was under Homoeopathic treatment with physiotherapy.

History of Previous illness

- Has hypothyroidism - under allopathic treatment.
- Had breathing difficulty and pneumonia in 2020– (corona?) relieved by allopathic treatment.
- Had venous ulcers and dermatitis on both legs, 25 years back.

Family History

- Father had asthma.

Personal History

- Life situation.
- Place of birth - Poonthura.
- Occupation - R.t.d. teacher.
- Marital status - married.
- Nutritional status- good.
- Education - B.Ed.
- Religion - Christian.
- Economic status - good.
- Habits /Hobbies - stitching.
- Additions - tea drinking.
- Domestic relationship - good.
- Vaccination Status - taken 1 dose of COVID vaccine.

Physical generals

Functionals
Appetite - Normal; prefers warm food.
Thirst - Normal; prefers warm water.
Sleep - Disturbed due to pain.
Dreams - Not Particular.

Eliminations
Bowels - Regular.
Urine - Normal.
Sweat - Generalized.
Menses - Menopause (54 yr.).

Reactions
Time- night <
Season - Not Particular
Bathing - Cold water <
Covering - Prefers
Fan - Not Particular
Food/dinks - Potato cause heart burn

Motion/posture - <
Sleep - <

Constitution
Physical make-up – obese
Side affinity – left
Thermal affinity - Hot

Psychic Features
Calm, Religious
Share emotions

Menstrual & Obstetric history
Menarche - 14 yr.
Menopause - 54 yr.
Obstetric history - G3 P2 L2 A1.
Full term normal vaginal delivery.

Physical Examination
General
Built - Well built, obese.
Mild pallor.
No cyanosis, no jaundice.
No lymphadenopathy.
Oedema - L knee present.
Swelling - L knee present.

Vitals - PR - 60/mt
RR - 12/mt
BP - 110/70 mm of Hg

Local Examination – Knee joint (10/3/23).

Inspection - Swelling, redness
Palpation - Tender, warm, all movements are pain full.

Investigations
1. Blood

Fig 1: Appearance of knee joint on 10/03/2023
### Hematology Analysis Report

**First Name:** Vimala  
**Last Name:**  
**Sample ID:**  
**Run Time:** 2023/03/24 09:05

**Diagnosis:**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Result</th>
<th>Unit</th>
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<tbody>
<tr>
<td>WBC</td>
<td>9.41</td>
<td>10^3/μL</td>
</tr>
<tr>
<td>Lym%</td>
<td>38.0%</td>
<td></td>
</tr>
<tr>
<td>Gra%</td>
<td>17.3%</td>
<td></td>
</tr>
<tr>
<td>MeH%</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Lymp%</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Grane</td>
<td>4.82</td>
<td>10^3/μL</td>
</tr>
<tr>
<td>MCH (%)</td>
<td>32.7</td>
<td></td>
</tr>
<tr>
<td>MCHC (%)</td>
<td>38.8</td>
<td>g/dL</td>
</tr>
<tr>
<td>RDW (%)</td>
<td>12.3</td>
<td></td>
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<tr>
<td>HCT (%)</td>
<td>34.9</td>
<td></td>
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<tr>
<td>Hb (%)</td>
<td>12.5</td>
<td>g/dL</td>
</tr>
<tr>
<td>MCV</td>
<td>65.6</td>
<td>fl</td>
</tr>
<tr>
<td>MCH</td>
<td>30.7</td>
<td>pg</td>
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#### CLINICAL PATHOLOGY

**1. Haematology Investigations**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Patients Value</th>
<th>Normal Range</th>
<th>Investigations</th>
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<tbody>
<tr>
<td>1</td>
<td>Albumin</td>
<td>4000-11000 cell/mm³</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>DHT WBC</td>
<td>40-60%</td>
<td>Sugar</td>
</tr>
<tr>
<td>3</td>
<td>Acetone</td>
<td>20-40%</td>
<td>4 Bile Salts</td>
</tr>
<tr>
<td>4</td>
<td>Bile Pigment</td>
<td>2-8%</td>
<td>5 Phosphates</td>
</tr>
<tr>
<td>5</td>
<td>Monocytes</td>
<td>2-6%</td>
<td>6 Phosphates</td>
</tr>
<tr>
<td>6</td>
<td>Basophils</td>
<td>0-1%</td>
<td>7 Pregnancy Test</td>
</tr>
<tr>
<td>7</td>
<td>ESR</td>
<td>M-3.5 mm/hr E-5.8 mm/hr</td>
<td>8 Microscopy (Urine)</td>
</tr>
<tr>
<td>8</td>
<td>Hctoglobin</td>
<td>M-14.16% E-12.16%</td>
<td>(a) Pus Cells</td>
</tr>
<tr>
<td>9</td>
<td>Platelet Count</td>
<td>1.5-4.5 lakhs/mm³</td>
<td>(b) Epithelial Cells</td>
</tr>
<tr>
<td>10</td>
<td>Blood Grouping</td>
<td></td>
<td>(c) RBC</td>
</tr>
</tbody>
</table>

#### Any other Investigations

- (d) Others

(Signature of Medical Officer)  
(Signature of Lab Technician)

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### BIOCHEMISTRY, SEROLOGY & SPECIAL INVESTIGATIONS

**Test**

- FBS
- PPBS
- RBS
- HbA1C
- Total Cholesterol
- Triglycerides
- HDL
- LDL
- VLDL
- Blood Urea
- Serum Creatinine
- Serum Uric Acid
- Serum Bilirubin Total
- Serum Bilirubin Direct
- SGOT
- SGPT
- Serum ALP
- Total Protein
- Serum Albumin
- T3
- T4
- TSH
- RA
- ASO
- CRP
- VITAMIN D3

**Results**

- FBS: 73 mg/dL
- PPBS: 258 mg/dL
- RBS: 70-110 mg/dL
- HbA1C: 6.5%
- Total Cholesterol: <200 mg/dL
- Triglycerides: <150 mg/dL
- HDL: >60 mg/dL (Desirable)
- LDL: <130 mg/dL
- VLDL: <30 mg/dL
- Blood Urea: 20-40 mg/dL
- Serum Creatinine: Male: 0.6-1.2 mg/dL, Female: 0.6-1.2 mg/dL
- Serum Uric Acid: 3-7 mg/dL
- Serum Bilirubin Total: <0.3 mg/dL
- Serum Bilirubin Direct: <0.3 mg/dL
- SGOT: 5 - 40 IU/L
- SGPT: 5 - 40 IU/L
- Serum ALP: 0-5 years: 60-321 IU/L, 5-10 years: 110-360 IU/L, 10-12 years: 103-373 IU/L, 12-16 years: 67-382 IU/L, >16 years: 36-113 IU/L
- Total Protein: 6.7-8.6 g/dL
- Serum Albumin: 3.5-5.5 g/dL
- T3: 80 - 200 ng/dL (In Adult)
- T4: 4.5 - 12 μg/dL (In Adult)
- TSH: 0.2 - 5.1 μIU/mL (In Adult)
- RA: < 0.18 IU/mL
- ASO: < 200 IU/mL
- CRP: < 5 mg/L
- VITAMIN D3: 10-100 ng/mL

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Blood report showed that she was not diabetic, but ESR raised. Degenerative changes of left knee joint were noticed in the X-ray. Based on acute totality, Arnica 30/2D was prescribed and admitted her. Arnica 30 was repeated for further 4 days.

**Arnica Montana**
- Leading remedy for bruises, ecchymoses and hemorrhages from mechanical injuries – E.B. Nash\[3\].
- Possess a native affinity to the effects of falls – Clarke \[4\].
  For terrible falls from mountains, pour boiling water on Arnica plant, give the infusion to the injured, results astonishing results – M N Tyler \[4\].
- Concussions & contusions, results of shock/injury without laceration of soft parts – H C Allen \[6\].
Patient had no relief and appearance of knee joint was as follows after administration of Arnica for 5 days.

**Arnica**

- “The tissues affected in all these instances is the muscular and upon this Arnica specially acts, a myotic; for numerous affections described under the term myalgia” - R Hughes [7].
- Sore, lame, bruised feeling all through the body as if beaten, traumatic affection of muscles - HC Allen [6].
- After Arnica, Rhus tox 30/2D was prescribed for subsequent 2 days, followed by BT for further 2 days.

**Rhus tox**

- “I have recognized that Rhus is the best specific against the consequences of muscular strains and contusions” – R Hughes [7].
- “Rhus especially affects fibrous tissues, tendons, fasciae, sheaths of nerve, ligaments and tissues external to joints” – ML Tylor [5].

She had no relief for her symptoms pain, redness and swelling were present. The appearance of swelling became little darker. After repertorisation, Lachesis 200/2D was given on 20/03/2023, followed by BT on subsequent days.

**Lachesis**

- Skin turns dark, bluish, purple appearance – HC Allen [6].
- Red bluish painful swelling on the limbs, very sensitive, impending gangrene – EB Nash [3].
- When the so-called traumatic Gangrene supervenes upon an injury, recommends medication upon Lachesis – R Hughes [7].

22/03/23 onwards she had changes – pain and swelling gradually reduced, she was able to stand and walk without support and was discharged on 30/03/2023.
Discussion
Even though Arnica Montana is the king of all traumatic remedies, this case was reliev ed only by the constitutional medicine Lachesis, which was selected based on Totality of symptoms. H.A Roberts reminds us to recognize the value of the Totality of symptoms over the Key note prescribing in the chapter XI of The Principles and Art of Cure by Homoeopathy. In The Genius of Homoeopathy, Stuart Close says Totality of symptoms is to be considered as the basis of Homoeopathic prescription that represents the therapeutic idea. When an individual gets a disease, this individual will present the disease in his own peculiarities, the peculiar features of that disease. In Aphorism 7 of Organon of Medicine Dr. Hahnemann says that the Totality of symptoms must be the principal, the only thing the physician must note in every case of disease and to be removed.

Conclusion
This knee joint pain due to trauma was successfully managed with administration of 2 doses of Lachesis 200, the individualised Homoeopathic medicine. We have many remedies for traumatic conditions. This case study focusses on importance of selection of remedy based on Totality of symptoms.

Conflict of Interest
Not available

Financial Support
Not available

Fig 4: Appearance of knee joint on 30/10/2023
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2. David B Levy, DO, FAAEM; Medscape; Emergency Medicine; Knee Soft Tissue Injury (ACL, LCL, MCL, PCL) Management in the ED; Updated; c2021 Aug 18.
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11. Samuel Hahnemann; Organon of Medicine; p. 33.

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