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Thuja occidentalis as an intercurrent remedy in osteoarthritis: An observational study

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Abstract
Osteoarthritis (OA) is a common degenerative joint disease that often leads to pain and decreased quality of life, primarily affecting the knee joint. A retrospective study was conducted at Sarada Krishna Homoeopathic Medical College Hospital, Kulasekharam. This study aims to evaluate the effectiveness of Thuja occidentalis as an intercurrent remedy in managing osteoarthritis symptoms in a sample of 30 cases. The objectives are to assess the efficacy of Thuja an intercurrent remedy, in reducing pain, improving joint function, and enhancing the overall quality of life in patients suffering from osteoarthritis and to investigate the relationship between Thuja and other homoeopathic medicines used for managing OA. The patient's symptomatology, disease progression, and pain levels were assessed before and after the administration of Thuja using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) scale. The study sample revealed a higher prevalence of knee OA in women (57%). The majority (47%) of patients aged 55-64 years. Housewives represented the largest occupational group among the patients (53%) suffering from OA and (50%) suffered for 1-5 years duration. In 60% of cases, psora-sycosis was identified as the predominant miasm. According to the findings of this study, *Rhus Toxicodendron* was found to be the most commonly prescribed remedy both before and after the administration of the intercurrent remedy. Thuja occidentalis as an intercurrent remedy, demonstrated significant improvement in 97% of cases, as supported by a paired t-test. Notably, Thuja showed promising results in improving pain and joint function in OA patients.

Keywords: Homoeopathy, Intercurrent remedy, Thuja occidentalis, Osteoarthritis, Miasm

Introduction
Osteoarthritis (OA) is a chronic degenerative disorder of multifactorial etiology characterized by the loss of articular cartilage, hypertrophy of bone at the margins, subchondral sclerosis, and a range of biochemical and morphological alterations of the synovial membrane and joint capsule [1]. It is characterized by wear and tear of articular surfaces and new bone formation at joint margins. It is the most common cause of difficulty with walking or climbing stairs and preventing independent walking. Osteoarthritis of the knee joint is the most common type of arthritis [2]. The prevalence of OA is 22% to 39% in the Indian population. Although it is more common in women than men, the chances of developing OA increase significantly with age. 45% of women over 65 years of age experience symptoms while 70% show radiological evidence of the disease [3]. In homoeopathy, "intercurrent remedy" refers to a remedy that is used in between or during the treatment of a chronic condition to complete the curative process, usually when the patient's symptoms are not responding well to the currently prescribed remedy. Even after being treated with a well-selected medicine if the patient does not progress. The block continues in any form, of miasm or any other form that exists as an obstacle to the cure must be removed to get a desired result. In Aphorism 183, Hahnemann has recommended in such cases, where the dose of the first medicine ceases to have a beneficial effect. After a new examination of the patient according to the status morbi, a second remedy must be selected which is exactly similar to the present state and appropriate one to complete the group of symptoms. In Footnote 183, it is recommended that in such cases where the symptoms are very indistinct due to a benumbed state of nerves, which prevents the patient's sufferings from being distinctly perceived the administration of Opium. By this means, the susceptibility is increased and new symptoms of the disease are brought to light [4, 5]. In the Materia medica of William Boericke, it is quoted that the Thuja patient experiences sycotic pains, which involve tearing sensations in both muscles and joints. These pains are more severe during periods of rest and improve in dry weather conditions.

Conversely, they worsen in damp and humid environments, leading to lameness [6].

Materials and Methods: This purposive sampling study included 30 patients diagnosed with OA, that reached a standstill in improvement after prior homoeopathic medicine and were subsequently administered Thuja as an intercurrent remedy. These cases were retrospectively analysed where the assessment of pain was done using the WOMAC scale before and after the administration of Thuja as an intercurrent. Data collected included demographic information, disease duration, past illnesses, joints affected, treatment history, and improvement status. Statistical analysis was performed to evaluate the outcomes.

Sample Size: 30
Sampling Technique: Purposive Sampling.
Inclusion criteria
Patients with osteoarthritis treated with Thuja as an intercurrent remedy where the improvement ceased after the first prescription.
Age group: Above 45 years
Sex: Both male and female.

Exclusion criteria
Age group: Below 45 years
Patients with other comorbidities affecting joint health.
Patients taking concurrent treatments for OA.
Study design: Observational study – Retrospective

Data collection techniques: Medical records of eligible patients will be reviewed to extract relevant information, including demographic data, duration of OA, previous treatments, dosage and frequency of Thuja administration, pain and joint function assessment using the WOMAC scale.

Outcome assessment: Improvement assessment using WOMAC scale:
Marked improvement: complete relief of symptoms. (Score: 0-24)
Moderate improvement: slight relief of symptoms. (Score: 25-60)
Mild improvement: very slight relief. (Score 61-80)
No improvement: no relief of symptoms. (Score 81-96)

Statistical techniques and data analysis: Descriptive statistics will be used to summarize patient characteristics, treatment modalities, and outcomes. Pain scores and joint function assessments before and after Thuja treatment will be compared using Paired 't'-test.

Results
The study sample comprised 57% females (17 patients) and 43% males (13 patients), suggesting a higher prevalence of knee OA in women. The majority of patients (47%) aged 55-64 years consisted of 14 patients, 8 patients (27%) between the age group 45-54 years, and 4 patients (13%) between the age group 65-74 years, 3 patients (10%) between the age group 75-84 years and 1 patient (3%) between the age group 85-94 years. According to occupation, 16 patients (53%) were Housewives, 05 patients (16%) were Manual labourers, 03 patients (10%) were Skilled labourers, 2 patients (6%) each, Fisherman, Shop owner and not working, 01 patient (3%) was Retired. Analysing the history of past illness, 7 patients (24%) had no history of past illness, 6 patients (20%) had a history of Hypertension, 4 patients each (13%) had a history of Hernia and Diabetes, 2 patients (7%) each had a history of Uterine fibroid, Hypothyroidism and Coronary Artery Disease, 1 patient each (3%) had a history of Cerebrovascular accident, Chikungunya and Benign prostatic hypertrophy. While evaluating the duration of their suffering with OA, 15 patients (50%) suffered for 1-5 years, 6 patients (21%) for 0-1 years, 4 patients (13%) suffered for 6-10 years and 11-15 years and 1 patient (3%) suffered for 14 - 20 years. According to Joints Affected, 9 patients (30%) had affection in both knees, 8 patients each (27%) had affection in the Right knee and Left knee, 4 patients each (13%) had affection in the Right hip and 1 patient (3%) had affection in Right shoulder. Considering the Miasmatic background, 3 patients (10%) were tri-miasmatic, 9 patients (30%) belonged to sycosis and 18 patients (60%) belonged to psora sycosis which is represented in Fig. 1.

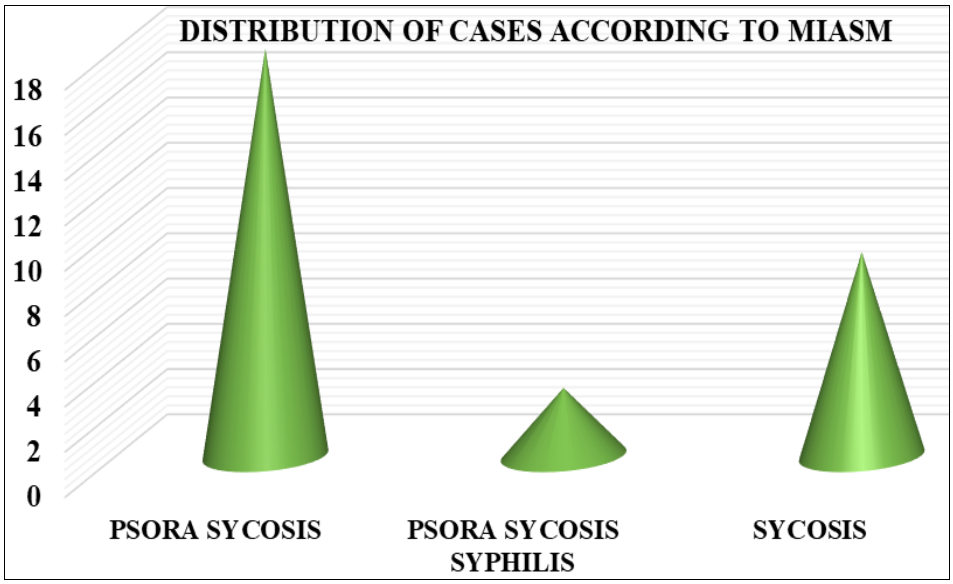

Fig 1: Representation of cases distributed according to miasms covered

Analysing the medicines prescribed before administration of the intercurrent remedy, in 16 patients (53.3%), *Rhus Toxicodendron* was indicated, *Bryonia alba* was indicated in 10 patients (33%) and Calcarea carbonica was indicated in 1 patient (4%). Similarly, while analysing the medicines used after the intercurrent remedy 23 patients (77%) received *Rhus Toxicodendron*, 6 patients (20%) received *Bryonia Alba* and 1 patient (3%) received Calcarea Carb is represented in Fig.2.

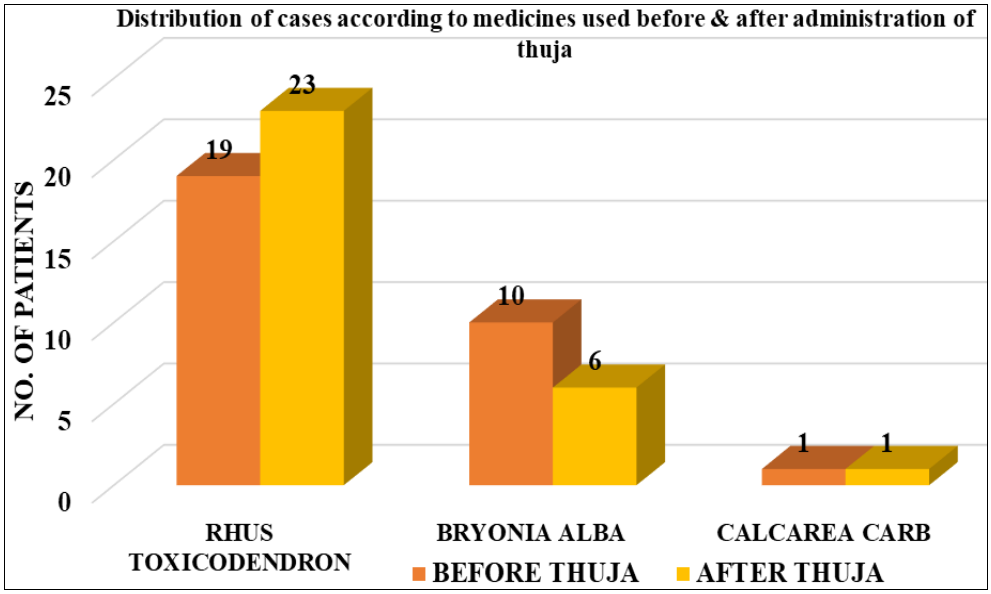

Fig 2: Representation of medicines used before and after administration of Thuja as intercurrent remedy.

On evaluating the potency in which intercurrent remedy Thuja was prescribed, 29 patients (97%) were treated with 1M potency and 1 patient (3%) was treated with 10M potency is represented in Fig 3.

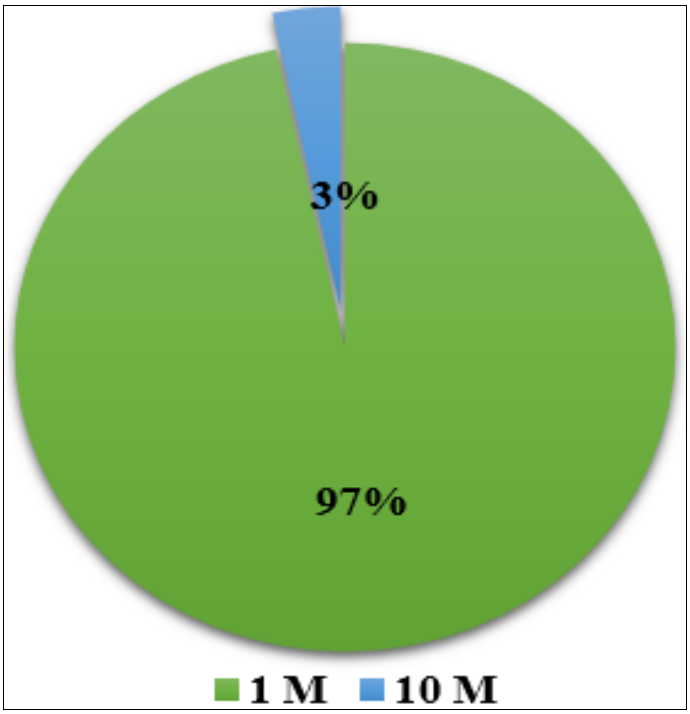

Fig 3: Distribution of cases according to potency in which Thuja was prescribed

Regarding the improvement status, 11 patients (37%) experienced mild improvement, 7 patients (23%) showed marked improvement, and only 1 patient (3%) showed no improvement after Thuja administration as represented in Fig 4. The study indicated that Thuja as an intercurrent remedy could positively influence OA patients, particularly in terms of pain reduction and improved joint function. The statistical analysis was found to be extremely significant ($p < 0.0001$) on comparing the before and after treatment scores using WOMAC which is represented in Table 1.

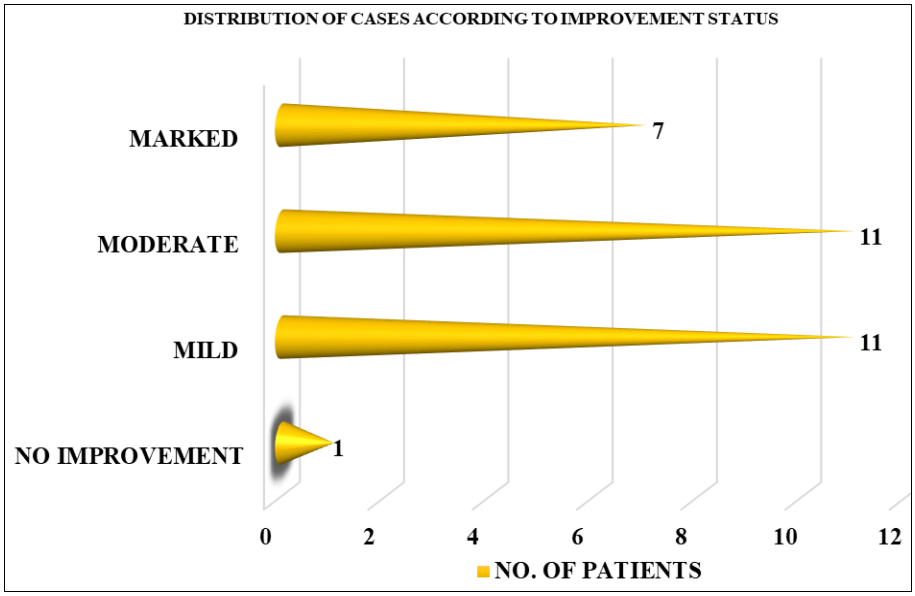

Fig 4: Representation of improvement status

Table 1: Statistical analysis using paired t-test

	X	Y
Mean	51.36666667	37.33333333
Variance	29.8954023	27.81609195
Observations	30	30
Pearson Correlation	0.391419067	
Hypothesized Mean Difference	0	
df	29	
t Stat	12.9670289	
P(T<=t) one-tail	6.73826E-14	
t Critical one-tail	1.699127027	
P(T<=t) two-tail	1.34765E-13	
t Critical two-tail	2.045229642	

Discussion

The study's observation of a higher prevalence of females among OA patients (57%) is consistent with previous research. In a study by Felson *et al.* (2009), it was reported that women have a higher lifetime risk of OA than men, attributed to both hormonal factors and differences in joint anatomy and function. The hormone oestrogen has been linked to cartilage health, potentially contributing to the increased risk in women [7]. The age distribution of OA patients in this study, with a significant proportion (47%) falling within the 55-64 age group, mirrors the well-established association between OA and ageing. This is in line with the findings of a previous study, which reported that the prevalence of knee OA increases with age, with the highest rates in individuals over 60 years [8]. The study categorizes the patients by occupation, with a significant proportion (53%) being housewives. This observation may indicate that certain occupational activities or lack thereof could be a contributing factor to the development of OA. A similar study conducted by in Punjab reveals that the majority of knee OA cases were dominant among housewives [9]. The dominance of psora sycosis miasm in this study highlights the complexity of OA and the need for anti-miasmatic approaches in homoeopathy. *Rhus Toxicodendron* was effective in the management of OA before and after the intervention of Thuja which corresponds with the review study on homoeopathic remedies used in the treatment of OA, in 2001 [10]. The findings of this study in a sample of 30 cases suggest that Thuja occidentalis has the potential to enhance the outcomes of homoeopathic treatment for OA. In a similar study, the Role of Thuja as an intercurrent remedy in OA was evaluated in a single case report [11]. Its positive impact on pain and joint function indicates its suitability as an intercurrent remedy in OA management. The results also underline the importance of individualization in homoeopathic treatment, as different remedies may be needed based on the patient's specific symptoms and response to treatment.

Conclusion

This study provides valuable insights into the potential efficacy of Thuja occidentalis as an intercurrent remedy in OA patients. It demonstrated its capacity to improve pain and joint function, enhancing the quality of life for those suffering from OA. Understanding the relationships between various remedies used in OA management and the importance of miasmatic assessment contributed to more efficient homoeopathic care for OA patients. Homeopathy offers a holistic approach to managing OA, and Thuja occidentalis may have a significant role to play in improving the lives of those affected by this condition. Further research and clinical trials are necessary to confirm these findings and establish the most effective approaches for individualized homoeopathic treatment of OA.

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Author's Contribution

Not available

Conflict of Interest
Not available

Financial Support
Not available

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