



Homoeopathic Management in Osteoarthritis

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Abstract

Osteoarthritis (OA) is a most common joint disorder. Ageing and obesity are predisposing factors for OA. It can lead to articular cartilage damage, osteophyte formation which ends up in getting severe pain in joints. In the past, some studies have concluded that consumption of pain killers is the only way to reduce pain without treating the structural changes in the joints. Homeopathy treats OA to such extent which not only reduces joint pain but also significantly decreases the rate of joint damage which ends up relatively improving the quality of life. This article includes a systematic study of origins, symptoms and treatment of Osteoarthritis under the homeopathy area of medical science.

Key Word- Osteoarthritis, OA, Homoeopathy, Degenerative.

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INTRODUCTION

Osteoarthritis (OA) is the most common form of arthritis which disables mobility of the patient to some extent. This is a multifactorial process in which mechanical factors have a central role and is characterized by structural and functional changes in the joints.^[1] Subsequently, the risk factors involving development of OA divide into modifiable and non-modifiable. Non-modifiable risk

factors include genetic mutations which predispose an individual to a development of OA and inherited abnormalities in the shape of bone which surrounds the joint. Modifiable risk factors can be aimed for treatment.

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The most common is the overweight in which each pound of weight gain adds up to 4 lbs of pressure on the joints. Excess weight results in deleterious effects on weight-bearing joints and contributes with negative effects related to inflammation.^[2] There is no cure, and current therapeutic methods often aims at reducing pain and improving joint function.^[1]

Definition:

Osteoarthritis (OA) is a type of arthritis marked by progressive cartilage deterioration in synovial joints.^[3] Also known as degenerative joint disease. It is characterized by progressive joint failure in which all structures of the joint have undergone pathologic changes.^[4]

Epidemiology:

Worldwide estimates are that 9.6% of men and 18.0% of women over the age of 60 years have symptomatic osteoarthritis. Approximately 80% of those with OA will have limitations in movement, and 25% cannot perform their major activities of daily life.^[5,6] About 6% of adults age 30 have frequent knee pain and radiographic osteoarthritis. The prevalence of OA rises progressively with age, such that by 65 years 80% of people have radiographic evidence of OA, though only 25–30% is symptomatic. The knee and hip are the principal large joints

involved, affecting 10–25% of those aged over 65 years.^[7]

Classification of Osteoarthritis:^[8]

A. Primary Osteoarthritis- Primary osteoarthritis is a chronic degenerative disease that is related to, but not caused by, aging. As a person ages, the water content of their cartilage decreases, thus weakening it and making it less resilient and more susceptible to degradation.

1) **Localized Osteoarthritis:** Heberden's nodes without other joint involvement represent the most common form of primary OA. genetic factors are important in the development of Heberden's nodes.

2) **Generalized Osteoarthritis:** Generalized OA is defined by involvement of three or more joints or joint groups.

3) **Erosive Osteoarthritis:** It also known as inflammatory OA.

B. Secondary Osteoarthritis. Disorders that damage joint surfaces and cause cartilage changes characteristic of OA are as follows:

1. Mechanical incongruity of the joint.
 - a. Congenital and developmental disorders, such as hip dysplasia, slipped femoral capital epiphysis, and multiple epiphyseal dysplasias.

- b. Joint trauma, joint surgery, such as meniscectomy.
2. Inflammatory joint disease, such as RA or infectious arthritis.
 3. Bone disease, such as Paget's disease
 4. Bleeding dyscrasias
 5. Neuropathic joint disease
 6. Excessive intraarticular steroid injections
 7. Endocrinopathies and metabolic disorders:

Etiology & Risk factors:-^[9]

Joint vulnerability and joint loading are the two major factors contributing to the development of OA.

Systemic factors

- Increased age
- Female gender
- Racial/ethnic factors
- Genetic susceptibility
- Nutritional factors

Vulnerabilities (local environment)

- Previous damage (e.g., meniscectomy)
- Bridging muscle weakness
- Increasing bone density

Loading factors

- Obesity
- Injurious physical Activities

Pathogenesis: The earliest changes of OA may begin in cartilage. The two major components of cartilage are type 2 collagen, which provides tensile strength

and aggrecan, a proteoglycan. OA cartilage is characterized by gradual depletion of aggrecan, unfurling of the collagen matrix and loss of type 2 collagen, which leads to increased vulnerability.^[9]

Various features are seen in cartilage and bone as the disease progresses.^[8]

A. Structural breakdown of cartilage.

This process consists of the following:

1. Fibrillation and fissuring.
2. Focal and diffuse erosions of the cartilage surface.
3. Thinning and complete denudation of cartilage.

B. Changes in subchondral bone

1. Subchondral bony sclerosis.
2. Cyst formation.
3. Bone thickening with eburnation.
4. Reactive proliferation of new bone and cartilage at the joint periphery to produce osteophytes.

CLINICAL FEATURES:^[7,10]

The main presenting symptoms are pain and functional restriction. Typical OA pain has the following characteristics:-

- Insidious onset over months or years.
- Variable or intermittent over time.
- Mainly related to movement and weight-bearing, relieved by rest.

- Only brief (< 15 min) morning stiffness and brief (< 1 min) 'gelling' after rest.

- Usually only one or a few joints painful (not multiple regional pain).

Signs: Restricted movement due to capsular thickening, or blocking by osteophyte.^[7]

- Palpable, sometimes audible, coarse crepitus due to rough articular surfaces.

- Bony swelling (osteophyte) around joint margins.

- Deformity, usually without instability.

- Joint-line or periarticular tenderness.

- Muscle weakness, wasting.

- No or only mild synovitis (effusion, increased warmth).

Diagnosis:^[10]

Typical OA can be diagnosed by history and examination alone. Currently the main investigation that can help confirm OA is the plain X - ray, with demonstration of characteristic structural abnormalities like space narrowing (due to cartilage loss), marginal osteophyte or "spur" formation and subchondral sclerosis of bone.

Differential Diagnosis-^[8]

- Osteonecrosis
- Charcot joint
- Rheumatoid arthritis
- Psoriatic arthritis

- Crystal-induced arthritides

MANAGEMENT-^[7,10]

- Exercise. This should cover both strengthening and aerobic exercise, preferably with reinforcement by a physiotherapist

- Reduction of adverse mechanical factors. This includes weight loss if obese, shock-absorbing footwear, pacing of activities, use of a walking stick for painful knee or hip OA, or provision of built-up shoes to equalise leg lengths.

- Drug treatment. Give an initial trial of paracetamol and consider the addition of a topical NSAID. If required, consider escalating to combined analgesics or oral NSAIDs. Opiates may occasionally be required.

- Local physical therapies such as heat or cold.

Homoeopathic Management:

1. **Bryonia Alba:** Knee stiff and painful. Joints red, swollen, hot, with stiches and tearing; worse on least movement. Every spot is painful on pressure.^[11]
2. **Calcarea Flourica:** Chronic synovitis of knee joint. Worse- during rest, changes of weather. Better- heat, warm application.^[11]
3. **Causticum :** Tearing pain in joints. Contracted tendons. Burning in joints.

- Cracking & tension in knees, stiffness in the hollow of knee.^[11]
4. **Colchicum Autumnale:** Arthritic pains in joints; Patient screams with pain on touching a joint or stabbing a toe. ^[12] Joint stiff & feverish; shifting rheumatism; pains worse at night. Knees strike together, can hardly walk (knock knees) Worse- motion , Better stooping.^[11]
 5. **Colocynthis:** Cramp like pain in hip; lies on the affected side; pain from hip to the knee. Stiffness of joints & shortening of tendon. Pain in the left knee joint.^[11] Shooting pains, like lightning shocks, down the whole limb, left hip, left thigh, left knee, into popliteal fossa. Better- warmth, hard pressure.^[12]
 6. **Formica Rufa:** Pain in knee joints especially right knee; torn & strained sensation around the joints.^[11]
 7. **Guaiacum:** *Growing pains.* Joint swollen, painful and intolerant to pressure, cannot bear heat.Arthritic lacerations followed by contraction of limbs. Worse- From motion, heat, pressure.^[11]
 8. **Ledum Palustre:** Rheumatism or gout; begins in lower limbs and ascend up. Cracking in joints; worse warmth of bed.^[11]
 9. **Osteo-arthritic-nosode:** Muscular pain of the right hip. pain of the Achilles tendo. pain aggravated by the first movement, amelioration by continued movement. redness and swelling of the right forearm and right wrist.^[13]
 10. **Rhus Toxicodendron:** Joint stiff & feverish; shifting rheumatism; pains worse at night. Knees strike together, can hardly walk (knock knees) worse-motion , better- stooping. Hot, painful swelling of joints (osteoarthritis). Pain tearing in tendons, ligaments & fasciae. Soreness of the condyles in bones. Limbs stiff, paralysed. The cold fresh air is not tolerated; it makes the skin painful. Tenderness around knee joint.^[11] Lameness, stiffness & pain on First moving after rest, or on getting up in the morning, > by walking or continued motion.^[12]
 11. **Veratrum Album:** Soreness & tenderness of joints.^[11]

CONCLUSION

Homoeopathic medicines are given on the basis of totality of symptoms as well as on striking, uncommon, peculiar symptoms in our materia medica. Homoeopathic medicines work efficiently in OA by reducing the symptoms and rate of joint damage and thus improve the quality of life.

REFERENCES

1. Hunter J David, Felson T David, Osteoarthritis [BMJ>332\(7542\);2006Mar18>](#) [PMC1403209/Ncbi](#).
2. [Lespasio](#) J Michelle, [PiuZZi](#) s Nicolas, [Husni M Elaine](#), [George F Muschler](#) FGeorge, [Guarino](#) AJ, [mont A Michael](#), Knee Osteoarthritis: A Primer; The permanente journal. Published online 2017 Sep 13. doi: [10.7812/TPP/16-183](#).
3. Taber's cyclopedic medical dictionary. 20 edition. Philadelphia: F.A. Davis; 2005. Osteoarthritis; p.1541-42 [pdf].
4. Longo LD, Kasper LD, Jameson LJ, Fauci SA, Hauser L S, Loscalzo J. Harrison's Rheumatology. Derived from Harrison's Principles of Internal Medicine, 18th Edition. Mc Graw Hill Education; 2013. Chapter 18. Osteoarthritis; p.232-243 [pdf].
5. Wittenauer R, Smith L, Aden K. Update on 2004 Background Paper Written by Saloni Tanna, Pharm.D. MPH Background Paper 6.12 Osteoarthritis. Priority Medicines for Europe and the World "A Public Health Approach to Innovation"; 2013. P no-3,5,6
6. Azad C, Singh A, Pandey P, Singh M, Chaudhary P, Tia N, Rastogi A, Singh GI. Osteoarthritis in India: an epidemiologic aspect. International Journal of Recent Scientific Research. 2017 Oct; 8(9): 20818-20820. [9.24327/ijrsr](#).
7. Colledge NR, Walker BR, Ralston SH, Davidson's Principle and Practice of medicine. 21st Edition. China: Churchill Livingstone Elsevier; 2009. Chapter 25. Musculoskeletal diseases; p.983-87 [pdf].
8. Paget A Stephen MD, Gibofsky Allan MD, JD, Beary F John III, MD & Pellicci paul MD By Lippincott, Williams & Wilkins. Manual of Rheumatology & Outpatient Orthopedic Disorders, 4th edition (February 2000). Chapter 44. Osteoarthritis; p.157-161 [Pdf]
9. Kasper L. Dennis, Fauci S. Anthony, Hauser L. Stephen, Longo L. Dan, Jameson Larry J., Loscalzo Joseph, Harrison's Principles of Internal Medicine. 19th edition. Mc Graw Hill Education; Chapter 39.4. Osteoarthritis; p.2226-2233 [pdf]
10. Adebajo Adewale ABC Of Rheumatology, Fourth edition. Chapter 9. Osteoarthritis; p.50-58 [pdf]

11. Boericke William. Boericke's new manual of Homoeopathic Materia Medica with Repertory. Third revised & augmented edition based on ninth edition. New Delhi: B.Jain Publishers (P) limited; 2007.
12. Allen hc. Allen's Keynotes rearranged and classified with leading remedies of Materia Medica

and Bowel nosode. 9th edition. B.Jain Publishers (P) limited; 2005.

13. Murphy robin. Lotus materia medica 1400 homoeopathic and herbal remedies; third edition. B.jain publishers(p) ltd.

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