



A Study to Ascertain The Effect of Miasmatic Homoeopathic Medicines in Rheumatoid Arthritis

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Abstract

Rheumatoid arthritis (RA) is an autoimmune disease that can cause joint pain and damage throughout your body. Rheumatoid arthritis is a chronic disease marked by symptoms of inflammation and pain in the joints. The aim of the study was to study the effect of Homoeopathic Medicines in Rheumatoid Arthritis in order to relieve the suffering humanity. **Methods:** Pre and post study design. A total number of thirty cases were included in this study, from both sexes and more than 20 years of age groups belonging to different socio-economic groups were included. The case selection was done randomly. Assessments of all patients were done before and after the treatment. **Result:** In this study 9 patient belong from the age group of 30-40 years (29.9%) and 9 patients in the age group of 40 - 50 years (29.9%). Hence the peak incidence was between the age group of 30-50 years. Majority cases were females. Out of 30 cases studied 23 (76.6%) were females and 7 (23.3%) patients were males. In this study out of 30 cases, the maximum number of cases were Housewives 16 (53.3%), followed by manual laborers and social workers as 3 (10%) cases. Out of the 30 cases treated based on constitutional totality Natrummur is indicated in 4 (13.3%) cases and pulsatilla in 4 (13.3%) cases followed by Kali.carb in 3(10%) cases etc. Out of 30 cases 23(76.66%) cases improved, 4 cases not improved and 3 cases drop out. The result has been analyzed by using paired t-test whose calculated value is 8.5 is greater than the table value hence, rejects the null hypothesis and accepts the alternative hypothesis. **Conclusion:** In the study group there is a significant reduction in the post treatment score as compared to the pre-treatment score. This clearly indicates that the Homoeopathic medicines are effective in the treatment of Rheumatoid arthritis.

Key word- Autoimmune, RA, Arthritis, RA factor, Polyarthritis, Homoeopathy etc.

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INTRODUCTION

The term Rheumatoid Arthritis was introduced by Sir Alfred Barring Garrod to describe a chronic inflammatory disease of peripheral joints. It is now defined as chronic or sub acute, systemic inflammatory disorder involving the diarthroidal joints with a peripheral symmetrical inflammatory non-suppurative arthritis. Rheumatoid arthritis is an idiopathic chronic inflammatory disorder with both systemic and articular manifestations. The arthritis is polyarticular, symmetric and predisposed to involve the small joints of hands and proximal fingers. Rheumatoid arthritis is characterized by persistent inflammation in the synovium, bursae, tendon sheaths, and in many patients, extra-articular tissues, including blood vessels, pericardium, pleura, lungs and heart.

RA occurs worldwide in all ethnic groups. The prevalence rates range from 0.3 to 1.5% in most populations. The disorder increases in prevalence with increasing age, but the peak incidence falls between the fourth and sixth decades of life. Women are affected two to three times more frequently than men. The prevalence is estimated to be 5% in women by 65 years of age.

Despite intensive research over many decades, the cause of RA remains

unknown. Rheumatoid arthritis has a complex multifactorial aetiology.

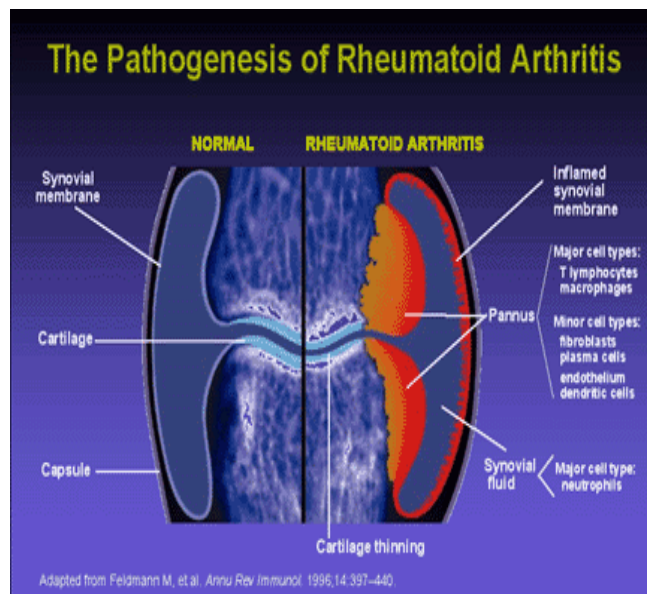


Fig No. 1- Pathogenesis

The pathologic hallmark of RA is synovial membrane proliferation and outgrowth associated with erosion of articular cartilage and subchondral bone. Proliferating inflammatory tissue (Pannus) may subsequently lead to destruction of intra-articular and periarticular structures and result in the joint deformities and dysfunction seen clinically.

Prodromal symptoms may include mild constitutional complaints such as fatigue, weight loss and vasomotor mobility with perspiration, especially over the hands. Stiffness is often a prominent symptom.

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The stiffness is marked after periods of inactivity (especially in the morning) and often parallels the activity of the disease. The hallmark of rheumatoid arthritis is inflammatory synovitis which manifest as swelling. Pain may occur at rest. Tenderness, redness and/or heat may occur around the joint. Slow progression of joint symptoms is typical. As the disease progresses, joint involvement tends to be bilaterally symmetrical. Rheumatoid nodules may appear over the points of external pressure (particularly along the proximal end of the ulna). These nodules may or may not be tender. Tenosynovitis is common.

Alert Signs of Early RA-

- Insidious onset, with aching and stiffness often poorly localized to few joints.
- Prolonged morning stiffness (for 6 weeks or longer)
- Swelling of the involved joints (for 6 weeks or longer)
- Slowly progressive pain, tenderness, redness and heat in multiple joints (for 6 weeks or longer)
- Symmetric joint involvement.

The majority of cases of rheumatoid arthritis develop insidiously over weeks or months, with gradually increasing joint involvement. This pattern of onset, which is seen in up to 70 percent of cases, is

associated with a relatively poor prognosis. Progression from predominantly peripheral small-joint disease to the involvement of the more proximal joints including the knees and hips is the most common pattern. RA can affect any diarthrodial joint. Rheumatoid arthritis is typically a distal, symmetrical, small joint polyarthritis involving the proximal interphalangeal and metacarpophalangeal joints of the hands, the wrists, metatarsophalangeal joints, ankles, knees and cervical spine. The shoulders, elbows, and hips are less frequently involved, but can be a major source of morbidity.

The most common symptoms described by patients are pain and pronounced stiffness. The later frequently exhibits a diurnal rhythm, worse on rising in the morning and then recurring towards the evening. Gentle activity may alleviate the symptoms but is followed by stiffening or “gelling” with subsequent inactivity. The affected joints are frequently tender, swollen and warm and there may be limitation of both active and passive movement. Muscle wasting serves to accentuate the local swelling of the joint. Progressive destruction of the articular cartilage, subchondral bone and periarticular soft tissues eventually combine to produce the characteristic

deformities seen in long-standing rheumatoid arthritis.



Fig. No. 2- Swan Neck Deformities

Swan neck deformities occur following volar subluxation of the proximal phalanges at the metacarpophalangeal joints, with subsequent contracture of the intrinsic muscles which become extensors rather than flexors of the proximal interphalangeal joints.

Boutonniere (button-hole) deformity occurs when a chronic effusion within the proximal interphalangeal joint stretches or even ruptures the dorsal slip of the extensor hood, allowing dorsal migration of the joint through the discontinuity. A similar process at the carpometacarpal joint of the thumb may give rise to the Z-thumb deformity.

Rheumatoid arthritis is a systemic disease. However these systemic features are highly variable, ranging from the fairly

trivial (eg. episcleritis, subcutaneous nodules) to the potentially life threatening (eg. systemic vasculitis, pleuropericarditis).

Constitutional symptoms including malaise, fatigue, weakness, low-grade fever and mild lymphadenopathy are common in RA. All the extra-articular complications occur almost exclusively in seropositive patients. Subcutaneous nodules occur in 20 to 25% of RA patients and are almost always associated with serum rheumatoid factor and more severe articular disease.

American College of Rheumatology Criteria for Rheumatoid Arthritis-

- a. Morning stiffness of at least 1hr.
- b. Arthritis of three or more joint areas.
- c. Arthritis of hard joints.
- d. Symmetric arthritis.
- e. Rheumatoid nodules.
- f. Serum rheumatoid factor positive.
- g. Typical radiographic changes in the hand and wrist.

Criteria 1-4 must have been for at least 6 weeks.

Investigation-

1. **CBC-** Eosinophilia may occur in severe systemic disease. Complete blood count shows moderate anaemia and slight leukocytosis. The platelet count may be moderately elevated because of chronic inflammation. The

erythrocyte Sedimentation rate is elevated. Serum protein electrophoresis shows elevated serum globulin levels.

2. Serological Tests - The presence of Rheumatoid factor is detected in more than 80% of cases. Antinuclear antibodies detected by immunofluorescence usually in lower titer, can be found in 30 to 40% of cases. Raised C-reactive protein concentration (CRP)

3. Synovial Analysis: Synovial fluid analysis shows increased volume and turbidity, but decreased viscosity and complement (C3 and C4) levels, white blood cell count often exceeds 10,000/mm³.

4. Synovial Biopsy: Useful in distinguishing different types of inflammatory arthritis. It can be undertaken by blind needle biopsy, arthroscopy or open surgery.

5. Arthroscopy: Useful for excluding meniscal tears in the knee and it can also be used to establish the extent of erosive cartilage damage.

6. Imaging Techniques - Radiographs are most frequently used to follow the progression of erosive inflammatory disease. CT scan, MRI also used .

Stage I	Juxta articular osteoporosis
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Stage II	Reduction / Loss of joint space
Stage III	Juxta articular erosions
Stage IV	Deformities, subluxations, ankylosis, geodes.

Table No. 1- Radiological Staging

Management- The goals of therapy of RA are:

- Relief of pain.
- Reduction of inflammation.
- Preservation of functional capacity.
- Resolution of the pathologic process and
- Facilitation of healing.

Surgery plays a role in the management of patients with severely damaged joints. Although arthroplasties and total joint replacements can be done on a number of joints, the most successful procedures are carried out on hips and knees.

“Miasms are like entrenched enemies”. They make such breaches in the physical and mental economy that the debilitated vital force cannot repair them.

The wholistic approach of homoeopathy holds good even in miasmatic understanding of the case. One cannot go just by one or two expressions the presentation, pathological changes and functional deviations of the case in relation to time dimension need to be considered.

Rheumatoid arthritis is a chronic non-suppurative inflammatory disorder. Initially there will be only functional changes, which may later progress into irreversible structural changes. The rheumatid complaints are implanted on constitutions initiated by tubercular, sycotic or syphilitic miasms.

H.A. Roberts in his book “Principles of Art and Cure” say that inflammatory rheumatism comes under sycotic miasm. There will be tearing pain in joint, < during rest, < cold and damp > moving. Stiffness and lameness are characteristic of sycotic stigma.

Aims and Objectives

- To study the effect of Homoeopathic Medicines in Rheumatoid Arthritis.
- To study types, clinical presentation and complications of Rheumatoid Arthritis.
- To evaluate the importance of diet and regimen in case Rheumatoid Arthritis.
- To stop recurrent attack with the help of Homoeopathic Medicines.
- To analysis the effectiveness of prescribing similium on the bases of ailment from.

MATERIAL AND METHODS

Study Setting & Duration: This study was conducted at the out patient department in Sri Ganganagar Homoeopathic Medical College Hospital

and Research Institute Sri Ganganagar. The Study duration was 1 Year

Selection of Sample: A total number of thirty cases of Rheumatoid Arthritis were included in this study, from both sexes Selected randomly from college, OPD.

Inclusion Criteria-

1. Patients of age more than 20 years and both sexes are included for the study.
2. All Patients who are agreed with formal consent with proper case taking as per the case taking performa are considered for the study.
3. Patients who diagnosed with rheumatoid arthritis.
4. The patients who have given their consent and were willing to participate in study..

Exclusion Criteria:

1. The Cases which do not fulfill the inclusion criteria.
2. Patients who are non co-operative and who does not behave properly are excluded.
3. Complications such as septic arthritis, amyloidosis are excluded.
4. Cases with advanced pathological condition and which need surgical intervention are also excluded

Study Design: A Pre - Post study design.

It involves one set of measurements taken before and after treatment. The effect of treatment is determined by comparing pretest and post test scores.

Intervention: Constitutional Miasmatic drugs based on totality of symptoms.

Potency and doses:- Selection of dose & potency was done according to the nature of case as per homoeopathic principles.

Selection of tool: The patients were selected one the basis of their present complaints and Diagnosis was made on the basis of clinical signs, symptoms & investigations

Hypothesis was tested by using 't' paired test and alternate Hypothesis was established by analyzing the data.

Statistical Techniques Paired T- test is used as a statistical technique.

Data Analysis -The data analysis was done on the basis of symptom score before treatment and after treatment using scoring scale for patients with symptoms of RA.

Advice - Supportive dietary advice, auxiliary measures, meditation and yoga were advised as necessary.

Follow up: The follow ups of the cases were done at an interval of 7-14 days.

RESULT

During study it is observed the maximum number of cases between the age group of 30-40 yrs (9, 30%), 40-50 yrs (9, 30%), 50-60 yrs (7, 23.32%) etc. Hence the peak incidence was between the age of 30- 50 yrs. Out of 30 patients 7 (23.33%) were males and 23 (76.66%) were females. Females are affected more than males. In

this study out of 30 cases, the maximum number of cases were Housewives as 16 (53.3%) cases, followed by manual laborers and social workers as 3 (10%) cases. This is followed by nurse, goldsmith, teacher, driver, clerk 1 (3.33%)

Age	Age- Group	No. of Patients	Percentage
	20-30 years	5	16.67%
	30-40 years	9	30%
	40-50 years	9	30%
	50-60 years	7	23.33%
Sex	Male	07	23.33%
	Female	23	76.66%
Occupation	House wives	16	53.33%
	Labour	3	10%
	Social worker	3	10%
	Others	08	26.67%

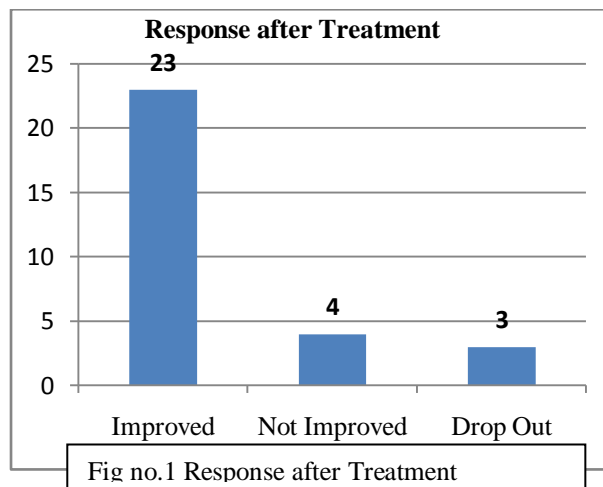
Table 1. Basic Demographic Profile

Constitutional Homœopathic remedies which are use during the period of study among 30 patients are:

S. N.	Name Of Medicine	No. of Patient
1	Natrum Muriaticum	4
2	Pulsatilla	4
3	Kali. Carb	3
4	Phosphorus	2
5	Sepia	2
6	Calc. carb	2
7	Sulphur	2
8	Lycopodium	2
9	Nux Vomica	2
10	Lachesis	1
11	Rhus Tox	3
12	Bryonia	3

Table 2. Homoeopathic Medicine used

After study out of 30, 23 cases improved, 4 cases not improved and 3 cases drop out.



Mean difference	Standard Deviation	Standard Error	T Calculated	Df	T table Value
3.06	2.015	0.36	8.5	29	2.045

Table 4. Paired t test analysis

We compare the calculated value of t with the tabulated value of t at degree of freedom (df) 29 and 0.05% significance level (α), we see that a calculated value of t i.e. 8.5 is greater than value of t in the table i.e. 2.045. So we reject the null hypothesis and accept alternative hypothesis i.e. homoeopathic remedies have significantly marked role in treatment of RA.

CONCLUSION

This study provides an evidence to say that, there is significant reduction in the disease intensity scores after the homoeopathic treatment. Hence, we conclude that homoeopathic medicines are

effective in the treatment of Rheumatoid Arthritis.

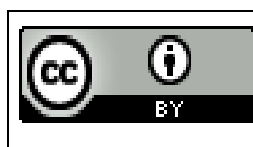
REFERENCES

1. Weatherall D.J, Ledingham J.G.G, Warrell D.A. Oxford Text Book of Medicine, 3rd edition, Vol.3, University Press INC, New York.
2. Utsinger D.Peter, Zraifler J.Naithan, Ehrlich.E. George. Rheumatoid Arthritis, J.B. Lippincott Company, Philadelphia (Pg. 11, 12, 869-871, 873).
3. Tortora J. Gerald and Sandra Reynolds Grabowski. Principles of Anatomy and Physiology, 11th edition, John Wiley and Sons INC, New York.
4. Kissane M. John, Anderson's Pathology. 10th edition, Vol.2, The C.V. Mosby Company, St. Louis, Missouri (Pg. 2630)
5. Cecil. Text Book of Medicine, Vol.2, 22nd Edition, Harcourt Asia (P) Ltd, (Pg. 1998-2004).
6. Shah Siddharth, A.P.I. Text Book of Medicine. 7th Edition, The Association of Physicians of India (Pg. 1160-1164).
7. Edward R.W Christopher, Bouchire A.D. Jan, Haslett Christopher, Chilvers Edwin, Davidson's Principles and Practice of Medicine, 17th edition, BPC Paulton Books Limited, Britain. (Pg. 888-897)
8. Davidson's Principles & Practice of

- Medicine, 22nd Edition 2014, Edited By Walker R. Walker, Colledge R. Nicki, Ralston H. Stuart, Penman D. Ian, Churchill, Livingstone Elsevier, Pages: 865- 871.
9. Golwalla F. Aspi M.D., Golwalla A. Sharukh M.D. (Med), Medicine For Students A Reference Book for the Family Physician, 24th Edition 2014, Published by Dr. Golwalla F. Aspi, Mumbai, Pages: 8-12.
 10. Glynn Michael MA M.D FRCP FHEA, Drake M. William DM FRCP, Hutchinson's clinical Methods, An Integrated Approach To Clinical Practice, 23rd Edition 2012, Pages: 217- 224; 241- 243.
 11. Goldman: Cecil Textbook of Medicine, 25th ed. 2015.
 12. Harrison's principles of internal medicine 18th ed. rev 2015.
 13. Organon of medicine by Samuel Hahnemann 6th ed. Sec.9 and 10, Sec 7 & 8.
 14. Hahnemann Samuel, Organon of Medicine, Hahnemann's Own Written Revision, translated by William Boericke, Sixth edition, ed. 2005, p. 8, 94, 114, 119.
 15. Kent Tyler James, A.M., M.D., Lectures On Homœopathic Philosophy, Low Priced Edition, 2002, 2005, 2006, 2007, 2008, 2009, Published by Jain Kuldeep for B. Jain Publishers (P) Ltd, New Delhi,
 16. Tyler Gina, Miasms- Understanding & classifying miasmatic symptoms, Hpathy Ezine, April 20, 2014-15.

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