



HOMOEOPATHIC MANAGEMENT OF RHEUMATOID ARTRITIS – A CASE REPORT

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ARTICLE INFO:

Article History:

Received On: 02/11/2023

Accepted On: 30/11/2023

Published On: 31/12/2023

eISSN No: 3048-6270

DOI:

10.59939/3048-6270.2023.v1.i2.3

Website:

<https://www.homoeopathicchronicles.com/archives/volume-i-issue-ii>

Keywords:

Rheumatoid arthritis,
Homoeopathy,
Rheumatoid Arthritis
Disease Activity Index
(RADAI).

ABSTRACT

Rheumatoid arthritis (RA) is a common inflammatory arthritis of autoimmune origin, occurring throughout the world and frequently encountered in homoeopathic practice and can lead to progressive joint destruction and disability. Homoeopathy remains one of the most sought-after therapies because of the side effects and dissatisfaction with conventional medicinal therapies. Here is a case of RA from our OPD, treated for six months with individualized homoeopathic medicines. After detailed case taking, physical examination and analysis, Natrum mur was prescribed in LM potency. Thuja 1M and Medorrhinum 1M were used as intercurrent remedies. Later, the medicine was changed to Sepia in LM potency based on the totality of symptoms. There was noticeably, a gradual improvement in the signs and symptoms and the general well-being. The Disease Activity Score-28 (DAS28) was used to assess the patient at the beginning of the treatment. The post-treatment outcome was measured using DAS28 and Rheumatoid Arthritis Disease Activity Index (RADAI) which is used to measure the disease activity in the past 6 months. Individualised Homoeopathic medicines prescribed based on Homoeopathic principles have reduced the severity of the disease significantly. The post-treatment outcome measure provides documentary evidence that Homoeopathic medicines are effective in managing autoimmune diseases like rheumatoid arthritis by reducing the severity of the suffering and improving the quality of life of the patient over 6 months.



INTRODUCTION

Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease whose characteristic feature is a persistent symmetrical polyarthritis (synovitis), that affects the hands and feet, with progressive articular deterioration resulting in difficulty in performing activities of daily living (ADLs).^[1] ICD classification of rheumatoid arthritis with rheumatoid factor of multiple site without any organ or system involvement is M05.79.^[2] RA has a worldwide prevalence of 0.5 – 1% in the adults. It occurs in about 5 per 1000 people. The prevalence in India as found to be 0.75%, i.e., about seven million patients are having RA.^[3] It occurs most frequently in the 40-60 age group. The disease is 3 times more common in women than men. The exact cause of RA is not known. However, RA has both genetic and environmental components in the development of the disease. There is a strong association with the HLA marker DR4. It occurs when an environmental stimulus, such as infection, or cigarette smoking triggers the autoimmunity in a genetically susceptible host by modifying the host proteins through the process of citrullination, so they become immunogenic. No laboratory test results are pathognomonic for RA, but the presence of anti-cyclic citrullinated protein antibody (ACCPA) and rheumatoid factor (RF) is highly specific for this condition.^[6] The extent of disease activity of RA is monitored using questionnaires or scores. DAS28 is one such tool used to measure the disease activity in RA. DAS refers to “Disease Activity Score” 28 refers that 28 joints are examined in this assessment.^[4] RADAI (Rheumatoid Arthritis Disease Activity Index) - 5 is another questionnaire that is used to monitor the disease activity in the past 6 months consisting of 5 questions.^[5] Conventional therapy is focused on controlling the pain and reducing progressive joint damage to improve the quality of life. The drug therapy includes non-opioid analgesics such as paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), topical analgesics; opioid analgesics and intra-articular steroid injection. Such treatments may potentially have adverse effects. Many patients increasingly choose complementary or alternative medicines (CAM) for relief. Homoeopathy is a boon for such patients as it is based on individualization and the fundamental principle of symptom similarity which improves the vitality and in turn, improves the quality of life of the patient.^[7]



CASE PRESENTATION

The 54-year-old married female patient came to the OPD on 14.12.2020. The patient was suffering from pain in both knee, shoulder, wrist, and finger joints in the past 4 years. She also complains of stiffness in the affected joints in the early morning hours, which feels better with continuous movement or hot water bathing. The stiffness was more in the interphalangeal joints of both hands. The patient was having weakness in the left knee while walking. On examination of the 28 individual joints, there was swelling and tenderness in the shoulder, knee, wrist and interphalangeal joints. The range of movements of these joints was restricted. The patient was under allopathic treatment which gave no relief to the patient. Over 10 years, the patient was known diabetic and was under anti-diabetic conventional oral medications. On the physical level, the patient had a desire for sweets. She prefers sunny weather. Mentally, the patient had forsaken feelings because she was not taken care of by her children, and she dwells in her past, especially on her disappointed love. She was stubborn yet very anxious about her illness. On clinical investigation, the levels of ESR were elevated and the RA factor was positive.

Table 1: Analysis of the case:

Commo n	Uncommo n
Pain with swelling in both knee joint < night < lying down Pain in left elbow joint, both shoulders, wrists, and interphalangeal joints. Stiffness in the joints < early morning > continued motion > hot bathing	Disappointed love Anxiety Stubborn Forsaken feeling Dwells in the past Desire sweets Desire sunny weather Desire fanning



Miasmatic diagnosis: Fully developed chronic miasmatic disease - sycosis

Evaluation and totality of symptoms: Disappointed love, Anxiety, Stubborn, Forsaken feeling, dwelling in the past. Pain with swelling of joints <night, <lying down, Stiffness of joints < early morning, >continued motion, >hot bathing.

Figure 1: Reportorial analysis

Remedy	Nat-m	Lyc	Sulph	Kali-c	Puls	Staph	Ars	Calc	Merc	Sep	Rhus-t	Arg-n	Ign	Aur	Aur-m-n
Totality	33	31	31	30	30	30	29	29	29	28	28	27	27	26	26
Symptoms Covered	10	10	10	10	9	9	10	9	8	10	9	9	9	10	9
[Complete] [Mind]Anticipation:	4	4	3	3	4	3	4	4	4	3	1	4	4	1	1
[Murphy] [Mind]Love, disappointed, ailments, from, (see Grief):	4	1	1	1	3	4	1	0	0	1	0	0	4	3	2
[Complete] [Mind]Dwells:Events, on past disagreeable:	4	1	3	3	0	3	1	1	0	3	4	1	3	1	3
[Complete] [Mind]Forsaken feeling:	3	1	1	1	4	0	3	1	3	1	3	3	0	4	4
[Complete] [Mind]Obstinate, headstrong:	3	4	3	3	1	3	3	4	4	1	1	4	4	1	1
[Complete] [Extremities]Pain:Knees:	4	4	4	4	4	4	4	4	4	4	4	3	3	4	3
[Complete] [Extremities]Pain:Fingers:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Extremities]Pain:Wrists:	3	4	4	4	4	3	4	4	4	4	4	3	2	4	4
[Complete] [Extremities]Stiffness:Joints, articulations:	3	4	4	3	3	3	4	3	3	4	4	1	2	3	0
[Complete] [Generalities]Food and drinks:Sweets:Desires:	1	4	4	4	3	3	1	4	3	3	3	4	1	1	4

PRESCRIPTION:

Rx,

1. NATRIUM MURIATICUM 0/6 / 1D
2. B. Pills 3 x TDS
3. B. Tab 1 x BD



Table 2: Follow-up details of the case

Date	Symptoms	Inference	Prescription
16.12.20	Pain in joints Swelling in the right knee joint Stiffness of joints more in interphalangeal joints <morning >continuous motion Generals: good Sleep disturbed	Persists	Rx, 1. Nat mur 0/6 / 1D (HS) 2. B. Pills 3 x TDS 3. Physiotherapy For 2 weeks
01.01.21	Pain in joints Swelling in the right knee joint Stiffness of joints more in interphalangeal joints <morning >continuous motion Generals: good Sleep disturbed	Persists Slightly better	Rx, 1. Thuja 1M / 1D (Stat) 2. Nat mur 0/6 / 1D (HS) 3. B. Pills 3 x TDS 4. Physiotherapy For 4 weeks
31.01.21	Pain in joints Swelling in knee joint Stiffness in knees and interphalangeal joints <morning >continuous Generals: good Sleep disturbed	Better but persists	Rx, 1. Medorrhinum 1M/1D(stat) 2. Nat mur 0/12/1D(HS) 3. B. Pills 3 x TDS 4. Physiotherapy For 2 weeks
19.02.21	knee, shoulder, and left elbow	Persists	Rx,



	joint pain with swelling pain reduced in wrist joints stiffness of joints <morning Generals good		1.Medorrhinum 1M / 1D(stat) 2.Sepia 0/1 / 1D (HS) 3.B.Pills 3 x TDS 4. Physiotherapy For 2 weeks
03.03.21	Swelling and pain reduced in the shoulder, wrist, interphalangealand knee joints Stiffness slightly reduced Generals good	Better	Rx, Thuja 1M / 1D (stat) Sepia 0/3 / 1D (HS) B.Pills 3 x TDS For 4 weeks
02.05.21	Swelling in all joints reduced Pain occurs only on exertion Stiffness reduced	Better	Rx, Thuja 1M / 1D (stat) Sepia 0/3 / 1D (HS) B. Pills 3 x TDS For 4weeks
10.06.21	Pain and swelling of joints arereduced Stiffness mildly present Generals good	Better	Rx, Thuja 1M / 1D (stat) Sepia 0/3 / 1D (HS) B. Pills 3 x TDS For 4weeks



Figure 2: Laboratory investigations done before the treatment.

Name :	Age :	54	Ref. No :	83,545
Dr.Name : DR.WINSTON VARGHEESE	Sex :	Female	OP.NO :	4720/20
Unit : IB	Collection time :	14/12/2020 09:53:49AM	Report on :	14/12/2020 11:12:02AM
Test Description		Value Observed	Reference Range	
RANDOM BLOOD SUGAR		: 162 mg/dl	80 - 120	
SERUM TOTAL CHOLESTEROL		: 138 mg/dl	110 - 200	
GLYCOSYLATED Hb (HbA1c)		: 7.0 %	4.6 - 6.2 %	
RA FACTOR		: 66.0 Iu/ml	0 - 20	
BLOOD ROUTINE				
HAEMOGLOBIN		: 9.2 gm/dl	M-13.2-17.3 .Fe-11.7-15.3	
TOTAL WBC COUNT		: 9.9 K/ul	3.5 - 10.00	
DIFFERENTIAL COUNT		:		
NEUTROPHIL		: 76 %	40-60	
LYMPHOCYTES		: 21 %	20-40	
EOSINOPHIL		: 03 %	3-7	
MONOCYTE		: - %	0-1	
BASOPHIL		: - %	0-1	
ESR 30 MTS		: 75 mm		
ESR 60MTS		: 130 mm	0-20	

Figure 3: Laboratory investigations done during the treatment

Name :	Age :	54	Ref. No :	84,652
Dr.Name : DR.WINSTON VARGHEESE	Sex :	Female	OP.NO :	4720/20
Unit : IB	Collection time :	31/01/2021 09:32:51AM	Report on :	31/01/2021 10:45:40AM
Test Description		Value Observed	Reference Range	
FASTING BLOOD SUGAR		: 129 mg/dl	70 - 110	
ESR 30 MTS		: 75 mm		
ESR 60MTS		: 105 mm	0-20	
HAEMOGLOBIN		: 9.9 gm/dl	M-13.2-17.3 .Fe-11.7-15.3	
RA FACTOR		: 56 Iu/ml	0 - 20	



Figure 4: Laboratory investigation done after 3months of homoeopathic treatment

Name			Age :	54	Ref. No :	85,594
Dr.Name :	DR.WINSTON VARGHEESE		Sex :	Female	OP.NO :	4720/ 20
Unit :	IB		Collection time	: 03/03/2021 09:53:03AM		
			Report on	: 03/03/2021 12:15:49PM		
Test Description			Value Observed		Reference Range	
COMPLETE BLOOD COUNT						
HAEMOGLOBIN	:	10.2	gm/dl		M-13.2-17.3 .Fe-11.7-15.3	
TOTAL WBC COUNT	:	10.0	K/ul		3.5 - 10.00	
DIFFERENTIAL COUNT	:					
NEUTROPHIL	:	75	%		40-60	
LYMPHOCYTES	:	24	%		20-40	
EOSINOPHIL	:	01	%		3-7	
BASOPHIL	:	-	%		0-1	
MONOCYTE	:	-	%		0-1	
ESR 30 MTS	:	35	mm			
ESR 60MTS	:	55	mm		0-20	
PLATELET COUNT	:	447	K/ul		100 - 400	

OBSERVATIONS & DISCUSSION

Based on the totality of symptoms, Nat mur was the first choice of remedy that was given in 0/6 potency as one dose daily. Since there was no improvement, the potency was raised to 0/12 daily dose. Thuja 1M and Medorrhinum 1M were given as intercurrent remedies to catalyse the action of previous remedies according to the instruction of our master Hahnemann in his Organon of medicine that when the case is in status morbi. The medicine was changed to sepia 0/1 daily one dose which showed mild improvement. Again, the potency was raised to 0/3 daily dose which showed marked improvement by the end of 6 months.

The measurement of the DAS28 in the beginning was 7.74, which is suggestive of high disease activity. Post-treatment outcome measurement of DAS28 was 4.43, which is suggestive of moderate disease activity. Furthermore, the RADAI questionnaire assessed at the end of 6 months, has a score of 4.2 which indicates moderate disease activity. Hence, the analysis of the before and after treatment measurements serves as positive evidence that the quality of life of the patient suffering from RA has been subsequently improved by administering individualised Homoeopathic medicine at a minimum dose and accurate potency according to the susceptibility of the patient.



CONCLUSION

Early diagnosis and holistic treatment of RA can substantially slow down the progression of joint damage in up to 90% of patients, thereby preventing irreversible disability. Homoeopathy treats the individual as a whole. Homoeopathic medicine is given not only to control the ongoing inflammatory process in RA but also to stimulate the vitality to prevent the tendency towards it thereby reducing the chance of further complications of the disease.

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How to cite this Article: Vidya, Vargheese W, Murugan. Homoeopathic management of rheumatoid arthritis – A case report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy [Internet]. 2023;1(2):23–31. Available from: <http://dx.doi.org/10.59939/3048-6270.2023.v1.i2.3>