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ARTICLE

Title: Rheumatoid arthritis and it's homoeopathic management

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ABSTRACT

Rheumatoid Arthritis (RA) is a chronic inflammatory disorder of autoimmune origin that affects tissues and organs but mainly strikes the joints, producing nonsuppurative proliferative and inflammatory synovitis. In this article, the common signs and symptoms, and a diagnostic criterion have been discussed. Homeopathy is an individualistic science that always provides scope for improvement and benefits to the patient.

Keywords: *Rheumatoid Arthritis (RA), Homeopathy*

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INTRODUCTION

Rheumatoid Arthritis is considered an auto-immune disorder.^[1]

In RA, peripheral joints are generally affected in a symmetrical manner.^[1] Generally, RA affects people between the ages of 25 to 55 and is more commonly seen in females than males.^[2] Females are generally most affected because of their hormones, estrogen, and androgens.^[2] RA is a multi-system affected disease with a chronic origin and its cause is unknown.^[1] But risk factors are cigarette smoking and hormone imbalance in females.^[2] A patient who is suffering from RA, has a positive family history of RA 2 to 10 times more than the general population.^[2] RA may also lead to other manifestations like fatigue, subcutaneous nodules, lung involvement, vasculitis, pericarditis, peripheral neuropathy, and hematologic deviation.^[2]

PATHOPHYSIOLOGY^[1]

When the foreign antigen is entered in the body then CD4. T cells are activated in the body and these CD4 T cells are activated by the B&T cells, macrophages, and endothelial cells.

When the B&T cells are activated, it shows the hyperimmune response in the blood and forms an immune complex.

Activation of macrophages is initiated and recruitment of pro-inflammatory cytokines which are TNF- α , IL-1 β , and IL-NF-KB.

Activation of endothelial cells leads to increased expression of adhesion molecules and their work is to accumulate inflammatory cells. Pannus formation occurs via the activation of B&T cells macrophages and endothelial cells causing Rheumatoid Arthritis.

CLINICAL FEATURE

- (i). Swelling in small and large joints and stiffness is present.^[3]
- (ii). Weight loss, morning rigidity, anorexia.^[3]
- (iii). Pyrexia^[2]
- (iv). In the Beginning involvement of joints may be monoarticular, oligoarticular, or polyarticular with symmetrical distribution.^[2]
- (v). **Boutonniere Deformity** – In this condition fingers are flexed at the proximal interphalangeal joint and increased extension at the distal interphalangeal joint.^[2]

(vi). **Swan Neck Deformity** – This condition is characterized by hyperextension of the PIP joint with flexion of the distal interphalangeal joint.^[2]

(vii). **Z Line Deformity** – This condition comprises subluxation of the first metacarpophalangeal joint with hyper-extended of the inter-phalangeal joint.^[2]

INVESTIGATION

(i). **Erythrocyte sedimentation rate (ESR)** – ESR is elevated, if the test result exceeds 0-15mm/hr in males and 0-30mm/hr in females.^[3]

(ii). **C-reactive protein** – C-reactive protein is raised. There is no definitive normal range, above 10mg/L suggests significant inflammation.^[3]

(iii). **Synovial fluid analysis** – White blood cell count is wide but generally ranges between 5,000 and 50,000 WBC/ μ L.^[2]

(iv). **X-Ray** – In the beginning finding is periarticular osteopenia. Other observations are soft tissue swelling, symmetric joint space loss, and subchondral erosions, most frequently in the wrist, hand, and feet. In advance, severe destruction is seen including joint subluxation and collapse.^[2]

(v). **Magnetic Resonance Imaging (MRI)** – MRI shows synovitis and joint effusion as well as early bone and bone marrow changes.^[2]

(vi). **Ultrasound** – Ultrasound shows more erosions and synovitis.^[2]

(vii). **Liver Function Test (LFT)** – Abnormal Liver function and liver damage has been common adverse in Rheumatoid Arthritis Patient over prolonged irregular medication.^[3]

(viii). **Serum Anti-citrullinated Protein Antibody.**^[3]

DIFFERENTIAL DIAGNOSIS

(i). **Psoriatic Arthritis, Spondyloarthropathies** – By the presence of sacroiliitis and other enthesopathic features, along with the sign of psoriasis or inflammatory bowel disease.^[2]

(ii). Tuberculous Arthritis of the joints results from haematogenous dissemination of the organisms from pulmonary or other focus of infection.^[1] **Gouty Arthritis** – There are joint effusion containing numerous polymorphs, macrophages and microcrystals of urates. There is monoarticular involvement along with intense

pain.^[1]

(iii). Hepatitis-C Arthropathy – It involves a small joint of the hand and is not seen generally in anti-citrullinated protein antibodies.^[2]

GENERAL MANAGEMENT

Therapeutic management is to instruct the patient on the nature of the disease, control symptoms and prevent other organ damage and maintain normal function.

Patients should take advice from the Physiotherapist and do some physical exercise.^[3]

HOMEOPATHIC MEDICINES

BRYONIA ALBA – Stiffness of knee. The joints are swollen and red, pain is increased with least movement.^[4]

RHUS TOX – Painful tearing sensation in tendons, ligaments, and fascia. The pain extends to the nape of the neck, loins, and extremities which is ceased by motion.^[4]

RUTA GRAVEOLENS – Rigidity of wrist and hands along with pain. Great restlessness. The spine region and limbs felt bruised.^[4]

CAUSTICUM – Burning sensation in joints. Insensibility and feeling of loss of sensation in hands. Diminished pain in the hands and arms.^[4] Contraction of the flexors and stiffness of joints.^[5]

KALI BICHROMICUM - Fidge of hands. Complaints of pain alternate with gastric symptoms. Jerking of muscles.^[4]

DULCAMARA – Tearing of the legs and thighs. Pain is increased from the cold and ceased by the movement.^[6]

BENZOICUM ACIDUM – Depletion of the knee joint. Pain is present in both knees which occurs after drinking wine. Pain is present in the ankle, leg, tendo, achillis, and metatarsal joints. The pain of tendo achillis and heart reason at the same time.^[6]

ACTAEA RACEMOSA – Diminished, aching, burning pain in the great toe.^[6] Pain is

present in the neck and back muscles. The spine is sensitive towards used arms for sewing.^[5]

COLCHICINUM AUTUMNALE – Severe pain in the joints when touched. Weak memory, absent-minded.^[6]

CONCLUSION

Rheumatoid Arthritis can be effectively treated with homeopathic medicines with the help of individualization and proper case-taking of the patient. Sometimes patients come with few or very few symptoms, but homeopathy can treat the patient with a therapeutic approach because homeopathy medicine can turn a distressed state of mind into a peaceful and healthy lifestyle.

REFERENCES

- (1). Mohan H. Textbook of Pathology 7th Edition Publisher Jaypee Brothers. p. 843,845
- (2). Fauci, Anthony S, Kasper, Dennis L., Hauser, Stephen L, Longo, Dan L, Loscalzo, Joseph. Harrison's Principles of Internal Medicine, 21st Edition, McGraw Hill. p. 10013,10022,10026,10023,10012,10017,10013,10014,10042,10043,10044,10040,10041
- (3). Penman ID, Ralston SH, Strachan MWJ, Hobson R, editors. Davidson's principles and practice of medicine. 23th ed. London, England: Elsevier Health Sciences; 2018. p. 1023,1025,1026
- (4). Boericke W. New manual of homoeopathic materia medica & repertory with relationship of remedies: Including Indian drugs, nosodes uncommon, rare remedies, mother tinctures, relationship, sides of the body, drug affinities & list of abbreviation: 3rd edition. New Delhi, India: B Jain; 2023. p. 120,491,496,163,324
- (5). Allen H. C. Allen's Keynotes Rearranged and Classified with Leading Remedies of Materia Medica and Bowel Nosodes including Repertorial Index 10th Edition: 2005: B Jain Publishers p ltd. p. 7,92
- (6). Clarke JH. Dictionary of practical materia medica: Volume-1. New Delhi, India: B Jain; 2017. p. 29, 277, 565, 690