



HOMOEOPATHIC APPROACH FOR A MULTISYSTEMIC ARTICULAR DISORDER: RHEUMATOID ARTHRITIS

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ABSTRACT

Rheumatic arthritis is a chronic multisystem disease of unknown aetiology characterized by persistent inflammatory synovitis, usually involving peripheral joints in a symmetric fashion. The joints are a target organ of many systemic autoimmune diseases, but in rheumatoid arthritis (RA), that can affect more than just joints. In some people, the condition can damage a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels. Unlike the wear-and-tear damage of osteoarthritis, rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity. Despite the destructive potential the course of RA can be quite variable as a homoeopath we should have a distinct perception to see the patient. How patient comes up to us in practice and usually these complications misguide us in proper treatment. For all these reasons, a better understanding of all the aspects of the disease is a must for better therapeutic interventions and management of all associated ailments coming in the pathway.

Keyword:- Rheumatoid arthritis, Homoeopathy, multi-systemic disorder, autoimmune disease

Introduction

Rheumatoid arthritis (RA) is an inflammatory rheumatic disease with progressive course affecting articular and extra-articular structures resulting in pain, disability and mortality. The onset of the disease is not similar in all patients but varies regarding the type, number, and the pattern of joint involvement. The course of the disease may be also different according to the presence or absence of several variables including genetic background, frequency of swollen joints, autoantibody in the serum and the severity of the inflammatory process.

Pathologic changes are caused mainly by antibodies against self-antigens & cytokine-mediated inflammation (with Cd4+ T cells principal source of the cytokines). In RA, antibodies to citrullinated fibrinogen, type II collagen, alpha-enolase, and vimentin immune complexes that deposit in the joints. These antibodies are a diagnostic marker for the disease. An association with HLA-DR4 has been noted.

Recent researches important work is done on signalling within regulatory T cells has identified sequestration of protein kinase C theta away from the immune synapses critical for suppressive activity; TNF α exposure

interferes with protein kinase C theta compartmentalisation, explaining its inhibition of regulatory T cell function. Platelet microparticles have emerged as important pro-inflammatory mediators via their stimulatory effects on fibroblast-like synoviocytes. The mechanisms by which fibroblast-like synoviocyte invade are becoming elucidated, and recent work suggests the capacity of these cells to migrate from joint to joint, potentially explaining the evolution of clinical rheumatoid arthritis.

- **Prevalence:** The prevalence varies between 0.3% and 1% and is more common in women and developed countries. Within 10 years on the onset, at least 50% of patients in developed countries are unable to hold down a full-time job. Women are affected approximately three times more often than men.

CLINICAL FEATURES

- Articular manifestations
- Extra articular manifestation

Articular manifestations: In the early stages, people with RA may not see redness or swelling in the joints, but they may experience tenderness and pain, persistent synovitis usually involving peripheral joints in a systemic distribution. Later by time muscle weakness may occur.

- Joint pain, tenderness, swelling or stiffness that lasts for six weeks or longer.
- Morning stiffness that lasts for 30 minutes or longer.
- More than one joint is affected.
- Small joints (wrists, certain joints in the hands and feet) are typically affected first.
- The same joints on both sides of the body are affected.
- Swan neck deformity

Extra-articular manifestations of rheumatoid arthritis

Common EAM	Uncommon EAM
RA nodules	Lung fibrosis
Lymph node enlargement*	Felty syndrome
Pleuritis*	Myositis
Splenomegaly*	Vasculitis
Pericarditis*	Scleritis
Sicca syndrome	Secondary amyloidosis
Osteoporosis	Cord compression

*EARLY IN DISEASE COURSE



Fig no 1. Effect of rheumatoid arthritis on the hand: (left) early changes and (right) later deformity.

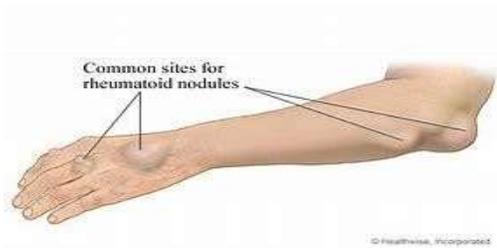


Fig no.2. Rheumatoid nodules left and Rheumatic vasculitis right

DIAGNOSIS

Medical history: patients with a history of joint symptoms (pain, tenderness, stiffness, difficulty moving), when they started, if they come and go, how severe they are, what actions make them better or worse and whether family members have RA or another autoimmune disease. Especially for Homoeopathic diagnosis a detailed anamnesis. Sometimes patients come with complaint of pleural effusion with history of RA since 20 years, here consideration is must understand the pathophysiology of further prognosis here the management with homoeopathic remedy must cover the baseline complaint and we should understand that pleural effusion is just the complication of rheumatic arthritis.

Physical examination. We must look for joint tenderness, swelling, warmth and painful or limited movement bumps under the skin or a low-grade fever.

BLOOD TEST: Blood tests check for inflammation and blood proteins (antibodies) that are linked to RA:

- Erythrocyte sedimentation rate (ESR, or “sed rate”) and C-reactive protein (CRP) levels are markers for inflammation. A high ESR or CRP combined with other clues to RA helps make the diagnosis.
- Rheumatoid factor (RF) is an antibody found (eventually) in about 80 per cent of people with RA. Antibodies to the cyclic citrullinated peptide (CCP) are found in 60 to 70 per cent of people with RA. However, they are also found in people without RA.
- Explained in the table below. Table1

Imaging

RA can cause the ends of the bones within a joint to wear down (erosions). An X-ray, ultrasound, or MRI (magnetic resonance imaging) scan can look for erosions. No bone erosion may be seen in the early stage of RA



Figure 1



Figure 2

Table 1 :Laboratory findings in rheumatoid arthritis

<p>Anaemia-normochromic or hypochromic, normocytic (if microcytic consider iron deficiency) Thrombocytosis · Raised erythrocyte sedimentation rate (ESR) Raised C reactive protein concentration(CRP) Raised ferritin concentration as an acute-phase protein Low serum iron concentration Low total iron-binding capacity Raised serum globulin concentrations Raised serum alkaline phosphatase activity Presence of rheumatoid factor (RF) Anti- CCP Diagnostic for RA Waller rose test</p>

Waller rose slide haemagglutination: CLINICAL SIGNIFICANCE

Rheumatoid factors are a group of antibodies directed to determinants in the Fc portion of the immunoglobulin G molecule. Although rheumatoid factors are found in several rheumatoid disorders, such as systemic lupus erythematosus (SLE) and Sjögren's syndrome, as well as in non-rheumatic conditions, its central role in clinic lays its utility as an aid in the diagnosis of rheumatoid arthritis (RA). A study of the "American College of Rheumatology" shows that 80.4% of RA patients were RF positive.

Differential diagnosis

- Psoriatic arthritis
- Gout
- Enteropathic arthritis
- Juvenile polyarthritis
- Chikungunya
- SLE
- Sjogren's syndrome
- Reiter's syndrome

Complications:

- Swan neck deformity
- Z deformity

Management

The goals of therapy of RA after early diagnosis is to start proper treatment with pure homoeopathic approach along with exercises and diet management especially patients who have autoimmune disorder suffers from functional as well as psychological affections so encountering any such suffering during case taking is a must and patient is advised for better psychosocial social interactions. Diet must involve omega-3 fatty acids which are

found in flax seeds, fish oil, etc. increase consumption of foods that are considered to be anti-inflammatory are best and diet must include a variety of foods.

Repertory

BORIECKE REPERTORY (CHAPTER: LOCOMOTOR SYSTEM)

- Joints,Inflammation(Arthritis),Chronic(Arthritisdeformans)
- 2+Ars,Caust,Chin,Cimic,Guaj,Iod,Kali-Br,Kali-I,Pipe,Puls,Sul-Ter**
- JOINTS, PAINS , RHEUMATIC 2+ Acon, Bry, Caus, Colch, Guaj, Kalm, Puls, Rad-Met,RhusT,Ruta,Sabin
- JOINTS,STIFFNESS 2+ Caust,Colch,Gins,Guaj,Kali-I,Merc,Phty,Rhus-T,Stel,Sulph
- HANDS, RHEUMATIC 2+ Caul, Caust, Puls,Rhus-T,Ruta
- RHEUMATISM,JOINTS,LARGE 2+ Acon, Bry, Merc
- RHEUMATISM,JOINTS,SMALL 2+ Act-Sp,Caul,Colch,Led,Puls, Sabin
- NAPE OF NECK , RHEUMATISM 2+ Bry,Cimic,Dulc,Guaj,Lach,Rhus-T,Sticta
- NAPE OF NECK STIFFNESS 2+Bry,Caust,Cimic,Dulc,Lachn,Merc-I,Puls,Sticta
- WRISTS, PAIN,RHEUMATIC 2+ Act-Sp,Caul,Caust,Rhod,Ruta,Sabina, Viol-T.

KENTS REPERTORY

- EXTREMITIES-PAIN-Joints- Arg, Arn, Bry, Calc-p, Led, Nux-v, Plb, Puls, Rhus-t
- EXTREMITIES-PAIN, Joints, morning- Nux-v
- EXTREMITIES-PAIN, Joints, bed, in – Aur, Nux-v, Puls
- EXTREMITIES-PAIN, Joints,night-Iod, Merc
- EXTREMITIES-PAIN, Joints, cold after exposure, to- Calc-p, Dulc, Rhus-t
- EXTREMITIES-PAIN, Joints, motion Bry, colch, Led
- EXTREMITIES-PAIN, Joints, motion, amel- Aur, Rhus-t
- EXTREMITIES-PAIN, Joints, Warmth agg- Led, Puls
- EXTREMITIES- STIFFNESS, Joints, -Ars, Caust, Led, Lyc, Rhus-t, Sep, Sil, Sulph
- EXTREMITIES-STIFFNESS,Joints,morning- kali bi , led
- EXTEREMITIES- SWELING,Joints- Act-s,Bell, Bry, Colch,Hep,Led,Sulp

MURPHY REPERTORY

- Clinical-RHEUMATISM general, small joints, especially in hands- act-sp
- Joints –ARTHRITIS – ACON, BELL, BRY, KALI-C, LED, RHUS-T
- Joints-RHEUMATISM, chronic- CAUST, LYC
- JOINTS-STIFFNESS, morning- RHUS-T

PHATAK REPERTORY

- Rheumatism 3+ Bry, Puls,Rhus-T 2+ Bell,Caust,Colch,Lyc,Merc,Phyt,Sulph
- Stiffness,Rigidity 3+ Rhus-T 2+ Caust,Cic,Guaj,Sep,Sulph
- Arthritis Deformans 2+ Puls,Sabin
- Joints,Affection In Gen 3+ Colch,Merc,Sulph 2+ Arn, Benz-Ac,Bry,Calc,Cham,Mang,Puls, Rhus-T,Sabin,Sil
- Tearing,Very Severe Pain 3+ Rhus-T 2+ Arn,Chin,Guaj,Hell,Merc,Puls
- Motion Walking Etc
- After AGG 3+ Rhus-T,Sep,Ars 2+ Agar,Cann,Puls,Stann,Valer
- AMEL 3+ Bell,Bry,Colch, Nux-V,Sil,Spig
2+ Am,Calc,Cocc,Kali-C,Led,Nat-M,Sulph

1. Rhus tox

Rhus affects fibrous tissue markedly-joints, tendons, sheaths-aponeurosis, etc, producing pains and stiffness. Rheumatism in the cold season. Hot, painful swelling of joints. *Pains tearing in tendons, ligaments, and fasciæ* (B). Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion. Soreness of condyles of bones. Rheumatism of the hip-joint and wrist seem to be most effectually controlled by its action. *The greatest rigidity and pain is experienced on first moving the joints after rest, and on waking up in the morning.* (JH)

2. Bryonia alba

Acts on all serous membranes and the viscera they contain. The general character *of the pain here produced is a stitching, tearing; worse by motion, better rest.* These characteristic stitching pains, greatly aggravated by any motion Knees stiff and painful. Hot swelling of feet. *Joints red, swollen, hot,* with stitches and tearing; worse on least movement. Every spot is painful on pressure Painful stiffness in nape of the neck. *Stitches and stiffness in small of the back.* (B)

3. Guaiacum

Guaiacum, which is one of Hahnemann's antipsorics, is best known as a remedy in gout and rheumatism and as a diuretic. It acts on mucous membranes, muscles, joints and bones, and causes contraction of tendons with resulting deformity Rheumatic pains in the joints. Arthritic pains in the limbs, with shootings and tearing, and contraction of the parts affected. The pains are provoked by the least movement and are accompanied by heat in the parts affected. Immovable stiffness of the contracted limbs. The majority of symptoms show themselves when sitting, as well as in the morning after rising, or in the evening before lying down. (JH)

4. Formica Rufa

Arthritic medicine. Gout and articular rheumatism; pains worse, motion; better, pressure. Right side most affected. Rheumatic pains; stiff and contracted joints (B). The pains appear suddenly, and dart from place to place: left, then right; right, then left. The spinal cord is affected, paralyses and spasms occurring. Rheumatism appearing suddenly, mostly in joints, with restlessness; patients desire motion, although it < pains; > by pressure; sweat without relief; < r. side.—Stiffness and contraction of joints(JH).

5. Ledum Pal

Affects especially the rheumatic diathesis, going through all the changes, from functional pain to altered secretions and deposits of solid, earthy matter in the tissues (B). The Ledum rheumatism begins in feet and travels upward. Arthritic, pressive, and acute pulling pains, or pains merely pressive in limbs, < by heat of bed in evening (till midnight).—Numbness and sensation of torpor in several of the extremities. Tearing or shooting, pulsative and paralytic pains in joints (JH).

6. Sticta pulmonaria

Rheumatic pain in right shoulder joint, deltoid, and biceps. Swelling, heat, redness of joints. *Spot of inflammation and redness over the affected joint.* Pain severe and drawing. Chorea-like spasms; legs feel floating in the air. *Housemaid's knee (Rhus; Kali hyd; Slag).* Shooting pains in knees. Joints and neighbouring muscles red, swollen, painful. Rheumatic pains precede catarrhal symptoms. (B)

7. Causticum

Manifests its action mainly in chronic rheumatic, arthritic and paralytic affections, indicated by the tearing, drawing pains in the muscular and fibrous tissues, with deformities about the joints; progressive loss of muscular strength, tendinous contractures. *Burning, rawness, and soreness* are characteristic. Tearing joints. Unsteadiness of *muscles of forearm* and hand. Numbness; loss of sensation in hands. *Contracted tendons.* Weak ankles. Cannot walk without suffering. *Rheumatic tearing in limbs; better by warmth, especially the heat of bed.* Burning in joints. Slow in learning to walk. Unsteady walking and easily falling. *Restless legs at night.* Cracking and tension in knees; stiffness in hollow of the knee. Itching on the dorsum of feet. (B)

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