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Clinical Utility Of The Individualized Homeopathic Medicine In Treatment Of Rheumatoid Arthritis

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ABSTRACT :

Background : Rheumatoid arthritis (RA) is one of the most common autoimmune disorders, affecting approximately 1% of the population worldwide. RA is an inflammatory process in the synovium of the joint that eventually leads to the destruction of both cartilaginous and bony elements of the joint, with resulting pain and disability

Aims To study the utility of individualized homeopathic prescription in the planned treatment of rheumatoid arthritis

Material and methods: 100 Patients suffering from Rheumatoid arthritis were treated in the OPD of State National Homoeopathic Medical College & Hospital, Lucknow. Analysis& evaluation of symptoms of each case was done after case taking . Patients were prescribed using homoeopathic principles, cases were then assessed with VAS every 15 days & DAS28 Score every 3 months At the end conclusion was drawn on the basis of change in PASI score & DAS 28 score . Descriptive Statistics was used for making inference, Paired t test showed data was statistically significant.

Result : Homoeopathic treatment reduced the VAS & DAS 28 score of all 100 patients suggesting utility of homoeopathy in treatment of homoeopathy ,

Conclusion : Homoeopathic similimum in treatment was encouraging , In Future randomized controlled study with larger sample may be undertaken for validation of results.

Keywords : Rheumatoid arthritis , VAS Score , DAS28 score ,Homoeopathy, Individualised medicine

Introduction

Rheumatoid arthritis (RA) is one of the most common autoimmune disorders, affecting approximately 1% of the population worldwide. It is more common in women than men. Two types of RA can be defined on the basis of symptom duration: Early RA, with symptom duration less than six months and Established RA with symptom duration more than six months.[1]The

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etiology of RA remains unknown however some risk factors like age, sex, genetic factors, and environment factors might be responsible for the development of RA.[2,3]

Few studies [3,4,5,6,7,8,9,10,11] have been conducted for role of homeopathic medicines in rheumatoid arthritis and many of them shows promising results. In Repertory text book (Synthesis repertory)[12], under rubrics, Extremities: Stiffness, joints rheumatic, Extremities: Pain, joint rheumatic, General: Inflammation joint of and General: Inflammation, joint of deformans arthritis many of medicines are indicated. Most common medicines for RA are Kali iod., Calc. Carb, colchicum, Ledum pal, Rhus tox, Bryonia, Kalmia lat., Guiacum, Lithium carb, Formica rufa etc.

Rao P.[9] et al (2008) in their study Immunological studies on Rheumatoid Arthritis treated with Homeopathic drugs: Results of the Pilot Study on 35 patients showed that the patients treated with 3 weeks of homeopathic drugs showed improvement in clinical features, reduction in parameters of inflammation and IL6 levels. These observations suggest a possible immunomodulatory role of homeopathic drugs in Rheumatoid Arthritis which need to be confirmed by further studies.

Methodology:

In the study, 100 patient were screened with diagnosis based on 2010 ACR classification criteria for RA patients at National Homoeopathic Medical College and hospital, Gomti Nagar Lucknow .Inclusion and Exclusion criteria of the patient were

Inclusion Criteria*:*

Patients above the age group of 10 yrs. and both the sexes irrespective of ethnic group, socio economic status and occupation who fall under the criteria of ACR classification of RA 2010were considered.

Patients who were willing to give their consent for study and complying regular follow up.

***Exclusion Criteria*:**

Patients below the age of 10 years.

Patients who are not willing to give their consent for study and not complying regular follow up.

Patients presenting with systemic RA

Intervention: After enrolment into the study, they were prescribed individualized homoeopathic medicines which will be selected after detailed case history and repertorization with the help of synthesis repertory[16]

Follow up: Patients were followed up after every 15 days and assessed by Visual analog scale. On every 3 months, ESR/CRP was done to assess DAS28 score[13,14,15].

Observations & Results

Age

Patients of age more than 10 years were taken into the study. Patients belong to the middle age (30 years- 50 years) were the commonest.

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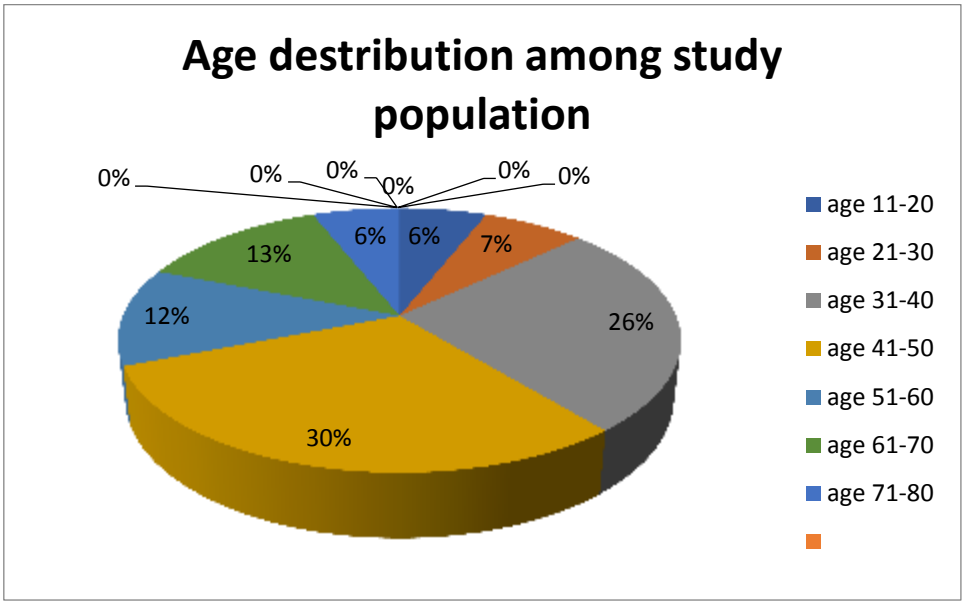
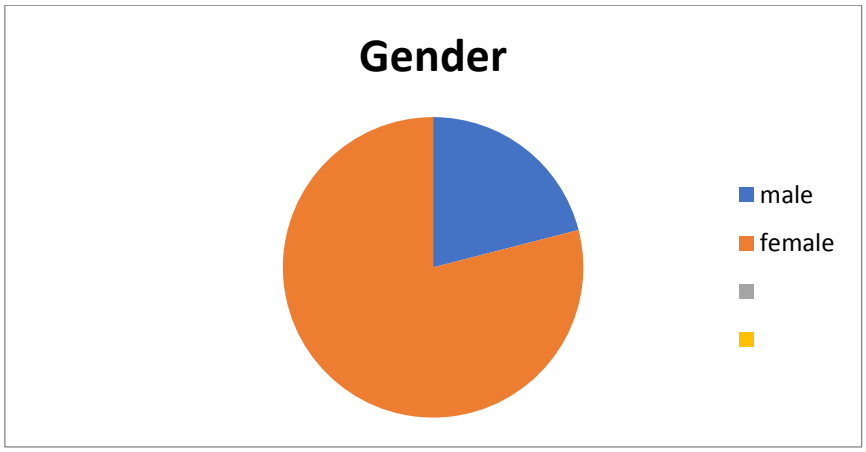


Categorisation of the patients according to their age

Gender

Patients of both genders were included in the study. Out of 100 patients enrolled 79% patients were female (n=79) and 21% were male. (n=21)



Categorization of patients according to Gender

Occupational activity

Most of the patients enrolled showed moderate occupational activity. (n=81,81%), followed by sedentary lifestyle (n=15, 15%) and heavy occupational activity. (n=4,4%). The patients belong to various socioeconomic status and occupation. However, mostly house wives have visited to OPD for their treatment of RA. (n=50, 50%). Other occupations found are Clerk (n=10,10%),Teacher (n=10, 10%), Retired officers (n=14, 14%), Business man (n=4,4%), Private job employee (n=4,4

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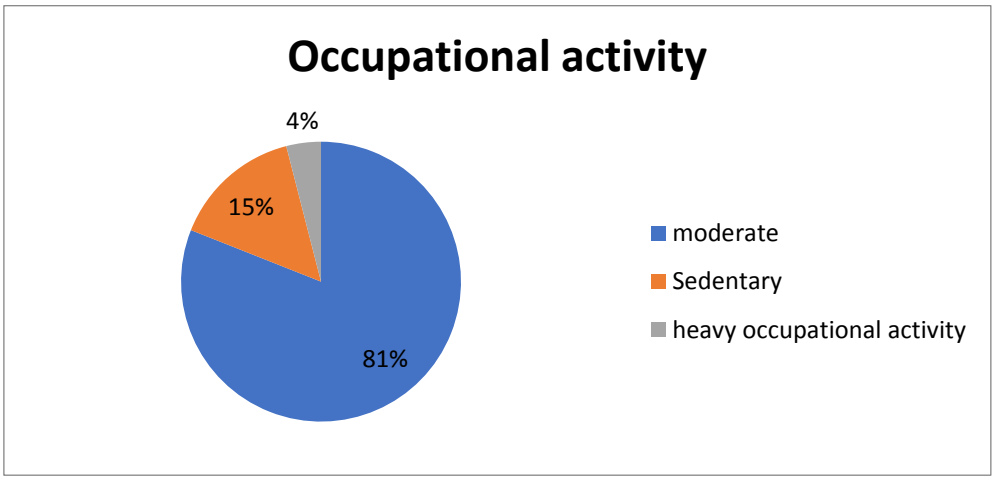
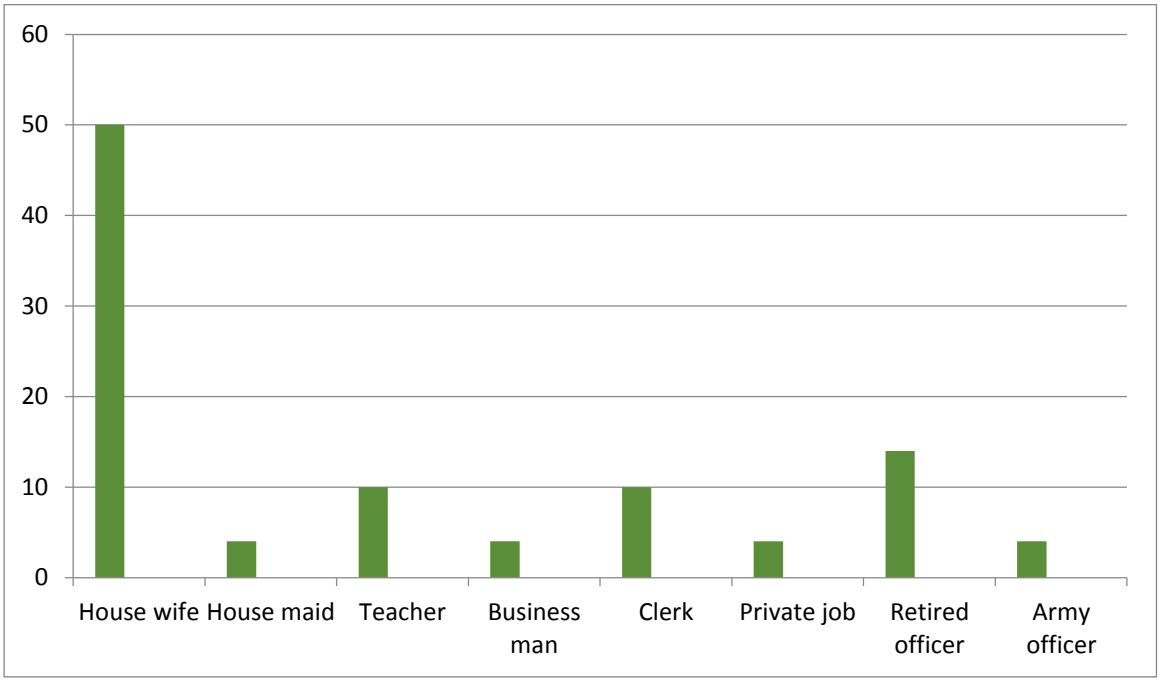
%), Army officer (n=4,4%) and house maid (n=4, 4%).



Categorization of patients according to their activity



Categorization of patients according to occupation

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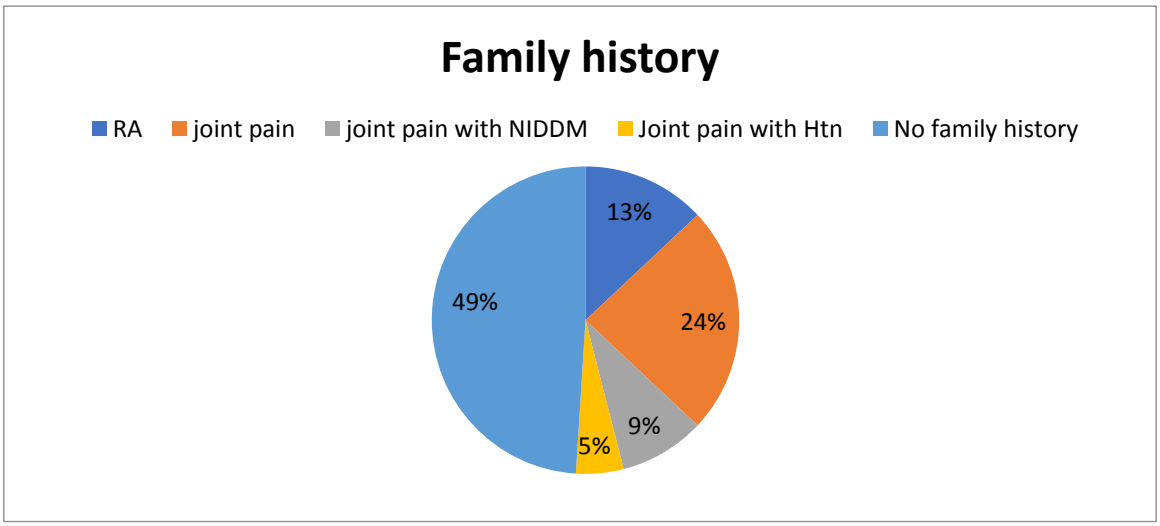
Family History

49Patients (49%) had no family history of rheumatoid arthritis or joint pain or any other disease while (n=24,4%) had family history of joint pain. 13(13%)had a history of Rheumatoid arthritis , 9 (9%) had a history of joint pain with NIDDM. 5(5%) patients had family history Joint pain with Hypertension.



Categorization of patients according to family history

Rheumatoid factor Anti-CCP

In the study out n=100patients 23 patients were negative for both RA factor and anti CCP antibodies, while 7 were positive for Ra but had not undergone ACCP, 10 were RA negative but anti CCP positive , 18 were both positive for RA and ACCP, 33 were RA positive and ACCP negative . RA was not done while ACCP positive.

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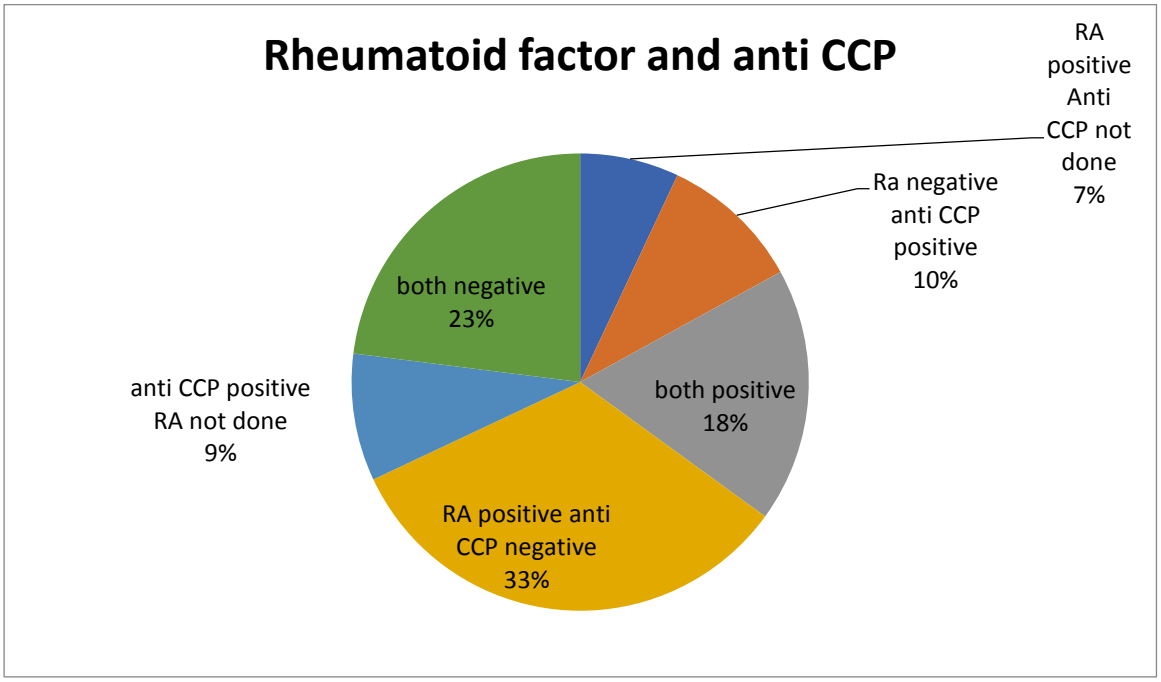

Categorization according to R.A. Factor and Anti CCP baseline

Disease Activity

As per ACR classification 2015, DAS 28 score > 5.1 has high activity disease, 3.2-<5.1 has moderate disease activity, between 26 and less than 3.2 indicates low disease activity and Lower than 2.6 indicates disease remission. According to this at baseline level, n=70, 70% patients have high disease activity, n=30, 30% patients have moderate disease activity and no patient enrolled was of low disease activity score.

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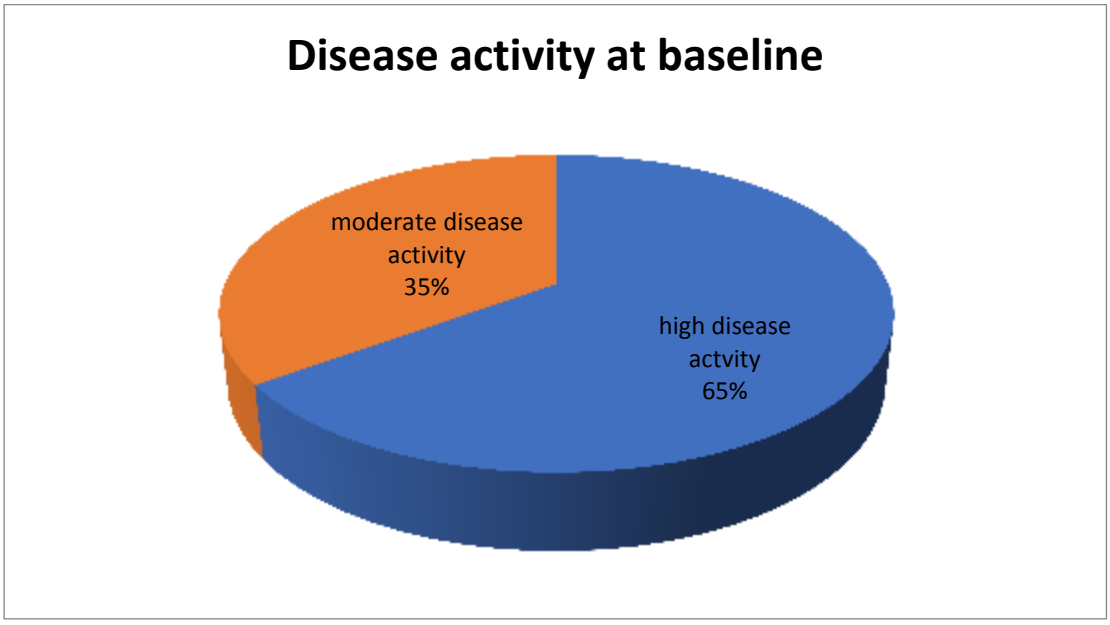

Categorization of patients according to Disease Activity at baseline

Statistical Analysis The *VAS SCORE BEFORE TREATMENT* group had higher values (M = 8.85, SD = 1.01) than the *VAS SCORE AFTER TREATMENT* group (M = 3.08, SD = 0.77). A t-test for paired samples showed that this difference was statistically significant, t (99) = 88.89, p = <.001, 95% Confidence interval [5.64, 5.9].

This results in a p-value of <.001, which is below the specified significance level of 0.05. The t-test result was therefore significant

The DAS 28 BEFORE TREATMENT group had higher values (M = 6.41, SD = 0.74) than the DAS 28 AFTER TREATMENT group (M = 3.98, SD = 1.11). A t-test for paired samples showed that this difference was statistically significant, t(86) = 19.43, p = <.001, 95% Confidence interval [2.18, 2.68].

The clinical symptoms which the patients reported and sought treatment for were rheumatological pain in joints especially small joints of hands, and knee. Stiffness in the morning which is relieved by movement, various joints swelling and redness. Apart from this, all of the patients have undergone tremendous stress throughout their life and most of them told that their disease flair up usually occurs when there is any kind of exacerbation of stress. Few patients also reported cervical pain and stiffness of neck. All patients got relieved from physical exercises. The medicines were prescribed according to totality of symptoms in centesimal potencies of 30, 200, 1M or higher according to the case. It was given in 3 successive doses at the interval of 10 minutes. Sometimes lower potencies required with frequent repetition.

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In some cases, there is acute flare of the disease. 35 patients out of 100 in the duration of 6 months showed acute episodes. The most common symptoms during acute episodes were severe joint pain (VAS score= 7-10), stiffness, swelling and redness of joints. Sometimes fever and body ache were also noted by the patients.

The prescribed homoeopathic medicines were:

Medicine prescribed	No. of patients who received the medicine
Apis mellifica	
Aurum metallicum	
Bryonia alba	
Calcarea fluor	
Calcarea iodatum	
Capsicum	
Cenchris	
Cimicifuga	
Colchicum autumnale	
Cyclamen	
Ignatia amara	
Kalium carb	
Lac caninum	
Lachesis	
Lycopodium	
Magnesium muriaticum	
Phosphorus	
Pulsatilla	
Sepia	
Staphysagria	
Sylvestra	
Thuja	

Prescribed homoeopathic medicines

Medicines given in acute flare up:

Medicine prescribed	No. of patients who received the medicine
Cambusa arundinosa	
Bryonia	
Colchicum	
Lycopodium	
Millingea sylvestrica	
Rubina	

Medicines prescribed in acute flare ups

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Discussion

There were two situations that were faced during the study. One type was patients who had mild to severe category of pain with tenderness and swelling of the joint. They were treated with constitutional medicines on the basis of taking mental generals and physical generals into consideration along with their pathological symptoms.

Second type of patients seeking treatment for rheumatoid arthritis had come with acute disease condition. They have symptoms of joint tenderness, swelling, redness, fatigue, mental irritability etc. In these cases, only first grade and second made medicines that are given in the synthesis repertory were used in Individualisation , which helped a lot.

The most important finding during the treatment was that pathology of disease should be taken into consideration along with mental generals, physical generals and peculiar symptoms. Thus, the study strongly recommends the view of Dr. Boger, who gave much importance to pathological symptoms. Although, this is not seen in all cases especially in mild to moderate type of cases.

The Synthesis repertory is based on Kent Repertory which has the philosophical background of General to particular and its earlier editions were not so useful in the prescribing on the basis of pathological symptoms. But, edition 9.1 with addition of BBCR rubrics made this repertory complete in all senses.

Studies revealed that rheumatoid arthritis patients are mostly affected 3rd and 4th decade of life, therefore early intervention of life style management and homoeopathic medicine could delay the progression of disease.
In the study 79 female were affected while 21 males were affected showing higher incidence amongst the females which is at par with existing medical literature.

Limitations & Recommendations

Although the study showed statistically significant result in the favour of homoeopathy as assessed by changes in DAS28 and VAS scores, more follow-ups over a longer duration are required to estimate the effect of individualized homoeopathic remedies in the complete cure of rheumatoid arthritis.

Conclusion

The study showed that individualized homoeopathic medicines are beneficial in reducing DAS28 score. It reduces inflammation of joints as indicated by lowering in CRP values and thus reduces joints tenderness, swelling and redness which facilitate the movement.

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Short duration of study and small sample size were limitations of the study, longer duration for the study with large sample size is warranted in direction to cure the disease

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