

To Assess The Efficacy Of Indicated Homoeopathic Medicines In The Treatment Of Rheumatoid Arthritis

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Abstract: To assess the Efficacy of Indicated Homoeopathic Medicines in the Treatment of Rheumatoid Arthritis. A hospital based observational study was carried out on Sriganganagar Homoeopathic Medical College, Hospital and Research Center, Sri Ganganagar, Raj. The study group of 30 was selected based on purposive sampling method. This is before and after without control type of experimental study. 30 diagnosed cases were considered. Data collected were analyzed and inferred with T test used to calculate. The statistical analysis such as distribution of cases according to age, sex, occupations were calculated and interpreted. For the 30 cases both constitutional treatment and general management methods applied and study was made and found that there is a significant in the Haematological manifestations before and after treatment and hence Homoeopathic medicines found effective in the treatment of Rheumatoid Arthritis. The study provides an evidence to say that there is a significant in the Haematological manifestations before and after treatment and hence Homoeopathic medicine found effective in the treatment of Rheumatoid Arthritis. Therefore constitutional homoeopathic treatment with general management is effective in there treatment of Rheumatoid Arthritis.

Keywords: Rheumatoid Arthritis, haematological manifestations, Constitutional Homoeopathy Medicine, Out Come.

I. INTRODUCTION

Rheumatoid Arthritis has been derived from Greek terminology where Rheumatoid is derived from the word 'rheumatosis' meaning 'flowing', 'oid' meaning 'joint' and 'arthritis' is derived from the word 'arth' meaning 'joint' and its meaning 'a condition involves inflammation'. Rheumatoid Arthritis (RA) is a progressive, disabling, chronic multisystem disease which is characterized by pain, swelling and stiffness of the synovial joints, which is often worse in the morning and after periods of inactivity. The Potential of the synovial inflammation to cause cartilage damage and bone erosions and subsequent changes in joint integrity is hallmark of the disease. Although there may be a plethora of systemic manifestations, the characteristic feature of Rheumatoid Arthritis is persistent inflammatory synovitis, usually involving peripheral joints in a symmetric distribution. In inflammatory reaction, increased cellularity of synovial tissue

and joint damage are the pathological hallmarks of Rheumatoid Arthritis.

COMPLICATIONS: Ruptured tendons, Spinal cord compression, Joint infection, Amyloidosis (rare).

GENERAL MANAGEMENT: Patient education and self management skills are extremely important. These polysaturated fatty acids suppress the inflammatory response and platelet activation. They may be tried in suitable cases. The dose of fish oils required for the beneficial effects varies from 10 – 20 gm daily. Articular erosion in the left hand ring finger and possible adjacent MCP joints appear to be reduced in ring wearers in patients with rheumatoid arthritis. Gold may pass from a gold ring through the skin and local lymphatics "Down stream" to near by MCP joint in amounts sufficient to delay articular erosion. Normal susceptibility leads to a state of good health characterized by good nutrition and healthy outlook on life.

II. MATERIALS AND METHODOLOGY

This study was conducted on the patients who attended the Out Patient department of Sri ganganagar Homoeopathic Medical College, Hospital and Research Center, Sri ganganagar and the study was undertaken for a period of six months. Detailed case was taken, analysis and evaluation following Homoeopathic principles was done. The potency was selected on the basis of individual susceptibility. The outcomes were an improvement of symptoms recorded in monthly basis individual symptoms which includes any appropriate measures of pain, swelling and stiffness of the synovial joints.

EXCLUSION CRITERIA: Complication such as septic arthritis, amyloidosis are excluded. Cases with advanced pathological condition and which need surgical intervention are excluded. Cases of spondyloarthritis, juvenile chronic arthritis, infective arthritis, osteoarthritis, gout, miscellaneous disorder of synovial joints are excluded.

STATISTICAL ANALYSIS: Collected data will be analyzed by using paired T test. Data will be presented in the form of Mean, Standard deviation.

III. RESULT

CASES DISTRIBUTION ACCORDING TO THE AGE GROUP

Age Group	Number of cases	Percentage(%)
220-25	0	0
25-30	2	6.67
30-35	6	20
35-40	1	3.33
40-45	2	6.67
45-50	4	13.33
50-55	7	23.33
55-60	1	3.33
60-65	2	6.67
65-70	3	10
70-75	2	6.67
Total	30	100

Table 1

Among 30 Rheumatoid Arthritis patients with mean \pm SD, maximum cases were observed in age group of 25 – 30 years in 2 (6.67%) cases, 30 – 35 years 6 (20%) cases, 35 – 40 years 1 (3.33%) cases, 45 – 50 years 4 (13.33%) cases, 50 – 55 years 7 (23.33%) cases, 55 – 60 years 1 (3.33%) cases, 60 – 65 years 2 (6.67%) cases, 65 – 70 years 3 (10%) cases, 70 – 75 years 2 (6.67%).

DISTRIBUTION OF CASES ACCORDING TO SEX

Sex	No. of cases	Percentage (%)
Male	7	23.33
Female	23	76.67
Total	30	100

Table 2

Out of 30 Rheumatoid Arthritis cases observed in sex group of male 7 (23.33%) and 23 (76.67%). Mean erythrocyte sedimentation rate level before the treatment was 51 with S.D. 19.226 and after the treatment it was 23.83 with S.D. 17.398. As $t + 8.34$ and $P = 0.000 < 0.01$, there is high significant decrease in the erythrocyte sedimentation rate level after the treatment. Mean Rheumatoid Factor level before the treatment was 86.157 with S.D. 45.0811 and after the treatment it was 72.950 with Standard deviation 44.1266. As $t = 7.09$ and $P = 0.000 < 0.01$, there is high significant decrease in the Rheumatoid factor level after the treatment. Out of 30 cases studied 26 cases (86.67%) improved and 4 cases (13.33%) were not improved.

In the research of Homoeopathic Medicines in the treatment of Rheumatoid Arthritis 10 medicines were prescribed to the patients according to the symptoms similarity and the following observations were made. Arnica is the most effective medicine out of the total 10 Homoeopathic medicines chosen for the study. Arnica Montana cured 2 (6.67%).

DISTRIBUTION OF CASES ACCORDING TO REMEDY

Remedy	No .of Cases	Percentage (%)
Arnica Montana	2	6.67
Bryonia Album	4	13.33
Rhus Toxicodendron	2	6.67
Ledam Palustre	1	3.33
Lycopodium Clavatum	2	6.67
Natrum Muriaticum	6	20.00
Nux vomica	3	10.00
Phosphorus	2	6.67
Pulsatilla Pratensis	7	23.33
Thuja Occidentalis	1	3.33
Total	30	100.00

Table 3

During the study it was found that the next effective medicines for the treatment of Rheumatoid Arthritis is Bryonia Alba 4 (13.33%), Rhus Toxicodendron 2 (6.67%), Ledum Palustre 1 (3.33%), Lycopodium Clavatum 2 (6.67%), Natrum Muriaticum 6 (20.00%), Nux vomica 3 (10%), Phosphorous 2 (6.67%), Pulsatilla Pratensis 7 (23.33%), Thuja occidentalis 1 (3.33%).

IV. DISCUSSION

Rheumatoid Arthritis is a chronic multi systemic disorder of unknown origin. It has a world wide distribution and effects 5 – 3% of population. It is significant cause of disability and mortality. It improves highly with physiotherapy treatment and combination of both diet management and indicated remedies This study was conducted on the patient who attended the Out Patient department of Sri ganganagar Homoeopathic Medical College, Hospital and Research Center, Sri ganganagar, Rajasthan, India. The patients of age 20 – 75 years were selected for the study. Both sexes were included from different socio economic groups as per inclusion criteria. A total of 30 cases were selected. The minimum duration of the study conducted was six month to

one year. The statistical analysis made here is based on the data obtained from above studied 30 cases. For the clinical study of Rheumatoid Arthritis 30 cases were taken up randomly. Out of 30 patients studied, number of Male was 7 (23.33%) and female were 23 (76.77%) cases. In the clinical study of Rheumatoid Arthritis the maximum prevalence was noted in age group 50 – 55 (23.33%). Out of 30 cases Arnica Montana 2(6.67%), Bryonia Alba 4 (13.33%), Rhus Toxicodendron 2 (6.67%), Ledum Palustre 1 (3.33%), Lycopodium Clavatum 2 (6.67%), Natrum Muriaticum 6 (20.00%), Nux vomica 3 (10%), Phosphorus 2 (6.67%), Pulsatilla Pratensis 7 (23.33%), Thuja occidentalis 1 (3.33%). From the analysis of the results obtained it is obvious that the constitutional Homoeopathic drugs are very effective in the treatment of Rheumatoid Arthritis. There was significant decrease in Rheumatoid Factor value and erythrocyte sedimentation rate.

V. CONCLUSION

The research shows that Homoeopathic medicine plays an important role in the treatment of rheumatoid Arthritis. The study depicts that 86.67% of patients got improved from the Homoeopathy medicines and this is not a small number. The most effective remedies during the study were Arnica Montana, Bryonia Alba, Rhus Toxicodendron, Ledum Palustre, Lycopodium Clavatum, Natrum Muriaticum, Nux vomica, Phosphorus, Pulsatilla Pratensis, Thuja Occidentalis. There were no side effects during the treatment and it can be concluded that homoeopathic medicines can help the patient to take a new lease on life. During the study it was observed that in almost all the cases the homoeopathic medicines responded well and the patient not only got rid of the main complaints of Rheumatoid Arthritis but also got rid of the associated complaints with restoration of health. With the help of use of homoeopathic medicines even surgical

intervention was avoided. Thus we can conclude that Homoeopathic medicines used with holistic approach are very effective in treating the cases of Rheumatoid Arthritis.

REFERENCES

- [1] [http:// wingoodhealth.org/index. pj](http://wingoodhealth.org/index.pj).2008 Nov. 2011.
- [2] Lipsky PE. Rheumatoid arthritis. In: Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, editors. Harrison's Principles of Internal Medicine. 17th edition. New York: McGraw Hill; vol. 2; 2008. p. 1968-77
- [3] Fauci Anthony S. Kasper Dennis L. Longo Dan L. Braunwald Eugene. Hauser Stephen L. Jameson J. Larey. Harrison's Principles of Internal Medicine. 17th ed. U.S.A.: Mc Graw Hill Medical Companies; 2008 (Vol.2.).P.2083.
- [4] Mitchell RN, Cotran RS, Robinsons basic pathology in. New Delhi: Harcourt (India) Pvt. Ltd.; 7th ed, 2000. p. 33-42.
- [5] Kumar Praveen. Clark Michael. Kumar and Clark clinical medicine. 6th ed. Edinburgh: Elsevier Publishers: 2005.p.555 – 557.
- [6] Runge Marschals S. Gregants M. Andrew. Netter Frank H. Netter's Internal Medicine. USA: Icon Learning System; 2003.p.857,862.
- [7] Das K.V. Krishna. Text Book of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008.p.695 – 696.
- [8] Year Book Rheumatology Arthritis and Muscular Skeletal Diseases. 3rd ed, Part 1. Bombay: Publishers Institute of clinical Research; 2000.p.247.
- [9] Dhawale M.L. principals and practice of homoeopathy. 3rd ed. Part 1. Bombay: Publishers Institute of clinical Research; 2000.p.247