HOMOEOPATHIC MANAGEMENT OF RHEUMATOID ARTHRITIS

V.K. Chauhan

Current consideration of Rheumatoid Arthritis (R.A.)

Rheumatoid arthritis is an autoimmune chronic inflammatory disease, which primarily affects the synovium. Bilateral symmetrical polyarthritis, various extra articular manifestations and positive test for Rheumatoid factor characterize it.

R.A. from Homoeopathic disease concept

R.A. is a symptom syndrome which belongs to the family of chronic sycotic miasmatic dyscrasia. It runs a chronic course, which can be easily grouped in three stages of disease progression. Keeping in pace with the stage of disease a rational treatment plan is formulated.

According to the hypothesis of chronic disease we all are born with a potentiality to develop disease which is known as miasm, the R.A. belongs to the sycotic miasmatic dyscrasia, either it is hereditary or acquired, in both the conditions, early identification of predominant miasmatic trait helps us in planning of disease management.

Predominant Sycotic Subject

Predisposition

Predominant Sycotic subject in the latent stage may not have any signs/symptoms but he is endowed with the markers, which help us in the identification of traits. This information guides us in achieving the primary prevention which is achieved through general regime and miasmatic intercurrent medication. This advantage is available with only homoeopathic mode of treatment. The predominant sycotic subjects having latent markers as under:

Latent stage

Hereditary markers: A subject born in the family of sycotic parents family h/o Gonorrhoea, or autoimmune disorder, Hypertension, Diabetes, Psoriasis, growths, warts.

Past History of: vaccination, specific or non-specific urethritis, or frequent colic in childhood.

Physical Markers: Hydrogenoid constitution. Fleshy subjects with trunkal obesity, dark hair, waxy, shiny, unhealthy skin, and warts.

Mental Markers: mischievous, suspicious [paranoid state], jealous, cross, irritable, oppression and anxious when weather changes. Desires; for hot or cold food, craves beer, rich gravies, fat meat, with salt and pepper.

Discharges; thick, copious, and greenish.

Pains: Tearing, Colicky.

Times: Twilight agg.

Weather: Wet rainy water agg.

General Aggravation: At night, from heat of bed; at 3 a.m. and 3 p.m., from cold, damp air, after breakfast; fat, coffee; vaccination.

General Amelioration: Left side; while drawing up a limb.

Therapeutic alm

- Identification of all the high risk patients.
- Such subjects are vulnerable to develop sycotic miasmatic syndrome, under which R.A. is one common posological disorder.

Intervention planning

- General; Specific diet and regime

Medicinal management

- Intercurrent anti-miasmatic drugs, e.g. Thuja, Rhododendron, Natrum sulphuricum.
- Potency. Usually high.
- Repetition: Infrequent.

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Special management of specific life events: During stress; treat with suitable medicines. At puberty; Pulsatilla. Menopause; Lachesis, Childbirth; China, Acid phosphoricum. Emotional trauma; Ignatia. Unspoken resentment, Staphisagria. etc.

Primary stage: [Early stage]

Pathology [Reversible]	S/S
Syncvial membrane: - Inflamed and infiltrated with lymphocytes and plasma cells. Synovial fluid contains: - Fibrin exudates. Polymorphs.	Onset: - Insidious or acute Fatigue, malaise - Morning stiffness Pain joints.
	O/E: - Bilateral symmetrical joint involvement Joints red, hot,
	swollen and tender Subcutaneous rheumatoid nodules.

Inference

- Primary manifestation of R.A. [Flare up state of Sycotic miasm]

Therapeutic aim

- Symptomatic treatment.
- Achieve remission.

Intervention planning

- A. Control of the contributing factors / exciting / environmental factors.
- B. Drug management:
 - Constitutional, causation based and symptomatic drugs.

- Potency: As per assessment.
- Repetition: As required.

Secondary Stage: [Intermediate state]

Pathological Irreversible	Symptomatic presentation
Joint capsule:	Symptoms:
- Becomes lax.	 Marked joint swelling.
	sue - Restricted movement - Loss of grip strength
Synovial membrane: - Marked morning stiffnes: - Granulation tissue spreadover the articular cartilage: - Destruction by enzymatication	ads joints affected. ge Joints; swollen, red, hot and tender. Joint

Inference

Manifestations are consistent with secondary state progression to the secondary stage of R.A.

Therapeutic aim

- Provide symptomatic relief.
- Control of disease activity.
- Achieve remission.
- Preservation of joint function and muscle strength.
- Control of the complications.

Intervention

Drug Management

- Symptomatic with constitutional intercurrent medication.
- Failing which palliative medication [as the joint effusion and synovial thickening precipitate destruction of joint components their presence for prolonged time is a adverse factor and causes further joint deformities).
- Potency: As per assessment.
- Repetition: As required.

Tertiary Stage: [Terminal state]

Pathology	S/S
Joint:	Joints:
- Deformed.	- Deformed and immobile
- No active inflammation.	Signs: - Swan neck deformity.
	- Boutonniere deformitiy.
	- Z deformity.
Complications present:	
- Atlanto axial sublexation.	
- Carpal tunnel syndrome.	
- Fibrosing alveolitis.	
- Sjogren's syndrome.	
- Septic arthritis.	
- Vasculitis.	

Inference

- A syco-syphilitic mixed miasmatic state.

Therapeutic aim

- Symptomatic relief.
- Relief from complications.
- Rehabilitation.

Intervention

- General: Physiotherapy.
- Supportive S/S drug management.
 - Palliative drugs.
 - Potency: Low.
 - Repetition: Frequent.
- Evaluate for surgical intervention.

General Management

- During acute stage: Bed rest. Local rest to the joint, with removable splints to prevent deformity.
- As soon as the acute swelling subsides physiotherapy is started to avoid the contractures.
- Local infra-red radiation or short wave diathermy is beneficial in relaxation of the muscles and for the relief of pain.

- Occupational therapy: let the patient carry out various activities of daily life independently.
- Diet: Well balanced, high protein and easily digestible.

Features of favourable prognosis are

- Acute onset.
- Male sex.
- Onset at a later age.
- Asymmetrical and monoarticular involvement.
- Negative Rheumatoid Factor.
- Absence of subcutaneous nodules.
- Absence of vasculitis.
- Prompt response to the rapy in early stages of the disease.

Features of poor prognosis are

- Insidious onset.
- Female sex.
- Persistent disease activity.
- Younger age of onset.
- Positive Rheumatoid Factor.
- Early erosive radiological changes.
- Marked systemic features.

Markers for the disease activity

- Severity and duration of morning stiffness.
- Soft tissue swelling.
- Presence of subcutaneous nodules.
- Prominent systemic symptoms.
- Recent involvement of new joint.
- Degree of anaemia
- Radiological progression of bone erosion.

Homoeopathic Management

Intercurrent deep acting, anti-miasmatic drugs

Thuja:

- Altered immune reaction.
- Hydrogenoid constitution.

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Rhododendron:

- Frequent remission of complaints.
- Rheumatism in hot weather.

Medorrhinum:

- Aggravation from sunrise to sunset.
- Amelioration in damp weather.

Syphilinum:

- Aggravation from sunset to sunrise.
- Craving for stimulants, especially alcohol.

Constitutional and Symptomatic drugs

Actaea spicata:

- Bilaterally symmetrical small joints involvement.

Aranea ixobola:

- Contractures and deformities.

Argentum metallicum:

- Pausiarticular presentation.
- Involvement of cricoarytenoid cartilage.

Bryonia:

 Complaints worse from slightest movement, better by rest.

Caulophyllum:

- Female subjects, having history of habitual abortions.

Causticum:

- Contractures and deformities.
- Carpal tunnel syndrome.
- Involvement of cricoarytenoid joint.

Dulcamara:

- Complaints precipitated by cold, damp conditions.

Mandragora officinarum:

 Pain in all joints; with stiffness, numbness and coldness.

Natrum sulphuricum:

- Complaints precipitated by cold, damp conditions.

Pulsatilla:

- Complaints precipitated at puberty or menopuse.

Radium bromide:

- Associated secondary degenerative features.

Rhus toxicodendron:

Aggravation on first motion, relief from continued motion.

Sepia:

- Complaints precipitated at menopause.

X-Ray:

- Arouses reactive vitality.

Palliative drugs

Chininum sulphuricum:

- Polyarthritis, with marked anaemia.

Formic acid:

- Acute exacerbations.
- Prevents recurrence and deformities.

Formica rufa:

- Acute exacerbations.
- Contractures.

Gaultheria:

- Acute attack, with marked inflammation.

Guaiacum:

Acute attack; with contraction, stiffness and immobility.

Thiosinaminum:

- Contractures and ankylosis.

Preventive or Immunomodifier drug

Alfalfa:

- Checks the disease activity and achieves quick remission