

CHRONIC ARTHRITIS*

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Mr Chairman, Ladies and Gentlemen,

Chronic arthritic conditions constitute a high percentage of consultations in the average homoeopathic clinic. In our clinic in Leicester it is about one in five. These patients have often consulted many other doctors, and indeed non-medical practitioners, before they reach us. They are often miserable with pain, stiffness and lack of mobility. They are anxious about their future. In many cases they have been chair and house bound for a very long time, and are inconvenienced in that they have difficulty with washing themselves, using the toilet, and even getting in and out of bed can be a great burden to them. As time goes on they tend to become neglected by their relatives and their physicians, who feel that there is little more that they can do for them.

The chronic arthritic conditions lack the glamour of say, cardiac disease, but nevertheless present just as difficult a challenge. The long-term nature of the disease is stressful not only to the patient, but to the doctor and social workers.

The assessment of these patients should be careful and detailed. A general homoeopathic history should be taken, followed by a physical examination and such tests as are considered necessary, e.g. urine testing, haemoglobin, F.B.C., x-rays, E.S.R., etc. Notes should be made of any treatment the patient has received in the past and at present, with a special reference to steroids and tranquilizers. Associated conditions such as psoriasis and chronic urinary tract infection should be noted.

From the patient's point of view, the onset of symptoms in rheumatoid arthritis can often be quite sudden. Osteoarthritis can occur earlier in life than is usually realised. The location and type of pain should be elicited and their relation to factors such as time of day, movement, heat, cold, damp, pressure, food, winds and the menses should be recorded. With regard to mobility, it is useful in assessing the patient's progress to record any degree of loss at each joint. A record should also be kept of the presence of contractures, and ganglia.

It is useful to observe whether it is mainly the large or the small joints which are affected. Is the patient suffering from an arthritic condition at all, or from a mechanical lesion? Conditions like sacro iliac strain, prolapsed intervertebral disc lesions and facet subluxations are best treated by mani-

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pulation (although it helps to administer Arnica 30c for three days afterwards).

HOMOEOPATHIC REMEDIES

One of the most commonly used remedies is Rhus tox. This affects fibrous tissue, joints, tendons and tendon sheaths, producing stiffness and pain. Pains are tearing in character. These patients are often better from movement, especially in the mornings. The joints can be hot and swollen, and there may be numbness and tingling in the hands and feet. These patients are often sad and listless, and are worse for cold air, damp, sleep and rest, and better for warmth, dryness and pressure. It should not be forgotten that Rhus tox. has skin provings—vesicles, urticaria and cellulitis. The association with psoriasis is of interest; one patient who consulted me about his rheumatoid arthritis was delighted when he lost his psoriasis as well as his arthritic symptoms.

Bryonia (which is derived from wild hops) affects serous membranes. The pain is stitch-like in character. They are worse from movement and pressure, and from warmth. They are better from rest and cold, and they like the open air. The joint swellings can be hot and erythematous. These patients often complain of thirst and have dry mucous membranes. Bryonia is a useful remedy in the treatment of pleurisy and certain types of migraine. The association of acute arthritis with chronic infection was highlighted for me when a nurse consulted me. She had had a nephrectomy for chronic pyelonephritis and associated calculi. During the course of that illness she had, from time to time, developed stiff, painful joints of both hands. This joint condition had now recurred—it responded to Bryonia 30c given over three days. There has been no problem since.

A remedy acting on the periosteum, cartilages and flexor tendons is Ruta. These patients are usually restless, debilitated and somewhat despairing. They have a sense of bruising and lameness. They complain that their legs give way under them. Pains in the neck and lumbar regions predominate. Their sciatica is often worse lying down, and they suffer from contractures and ganglia. Their tendons are sore, especially the achilles tendon. These patients are worse for lying down and in cold wet weather. Ruta is a useful remedy in the treatment of tennis elbow and frozen shoulders.

Causticum is a useful remedy in long standing cases often affected with contractures. It affects the muscular and fibrous tissues. The joint pains are described as dull, tearing and drawing. This is often well-marked in the elbows and hands and they often suffer from a left-sided sciatica. Some of these patients complain of restless legs at night. These patients are often sad, but sympathetic to other sufferers: this is associated with drowsiness, faintness and general weakness. They are better for warmth, wet weather and dampness, and they are worse for dry cold winds, walking and, it is said, the motion of carriages.

The characteristic weakness of the Kali salts is seen in Kali carbonicum, associated with a feeling of coldness, depression and a soft pulse. The pain is stitch-like—sharp and cutting—affecting the knees, hips, and lumbar region. These patients often complain their legs are giving way under them. The knees are swollen and the soles tender. They are worse for cold air, coffee and at 3 a.m.; they are better for warmth and movement. Note the use of Kali carb. in the treatment of asthma.

Calcarea carbonica—associated with apprehension and debility. The joint pains are sharp and sticking, feeling as if they had been sprained. They suffer from cold sweats both locally and generally, but especially marked is sweating of the feet and hands. The joints are often swollen, especially the knees. These patients are better in dry weather and are worse for cold, washing, prolonged standing and mental or physical exertion.

The great characteristic of Sulphur is heat, and it has an especial affinity for the skin, being widely used in the homoeopathic treatment of eczema. As far as joint problems are concerned, these patients complain of pain and stiffness in the neck and between the shoulders and tearing pains in the arms and hands. The knees and ankles are stiff and they are often stoop-shouldered. Hot sweaty hands and burning in the soles are also features. These people are worse at rest, standing, the warmth of a bed, washing and at eleven a.m. They are better in dry, warm conditions and for cat naps. Sulphur patients tend to be forgetful, untidy and lazy.

Sepia is derived from the cuttlefish, and is a great remedy for women. These ladies complain of weakness in the lumbar area, coldness between the shoulders, stiffness in the legs and twitching in the limbs. The legs and feet are often cold and they have pain in the heels. Sepia patients can display an indifference even to their families and close friends. They are irritable, sad and weepy. They tend to be worse towards the evening, from dampness, cold air, sweating and before thunder storms; they are better from exercise, pressure, a warm bed and after sleep. I would remind you of the use of Sepia in gynecological problems, especially related to the menses.

Pulsatilla. These chilly and weepy patients develop shifting pains in the joints, drawing in character. They have swelling of the knees, shooting pain in the neck, between the shoulders and in the lower back. Pulsatilla patients prefer the open air, and often have catarrh and varicose veins. One characteristic is that they are thirstless. They are worse for heat, fatty foods, toward evening and letting the feet hang down (venous congestion). Pulsatilla is, of course, one of the great constitutional remedies.

Dr Richard Savage has commented on the use of Aurum met. in the treatment of rheumatoid arthritis.¹ This remedy in homoeopathic dosage is often useful. The patients have tearing pains in the joints associated with oedema, the bones are sore especially at night. These patients are often very depressed (it is, in fact, a useful remedy for depression). The dreams are said

to be vivid. They are worse at night, in cold weather (especially in winter). Compton Burnett's writings on the use of gold are well worth studying.²

Two remedies come to mind when considering arthritis of small joints, *Caulophyllum* and *Actea spicata*. Patients requiring *Caulophyllum* are often female, have severe drawing pain and stiffness in the small joints of the fingers, toes and ankles. The pains will move from one joint to another within minutes (c.f. *Pulsatilla*). These women will often suffer from a thrush-like vaginal discharge and menstrual problems. *Caulophyllum* is useful in the management of labour, and postpill amenorrhoea. *Actea spicata* (baneberry) has tearing, tingling pains in the small joints, especially the wrist. The joints are swollen and red—worse from movement. The patients are fearful and often complain of widespread pulsations.

Apis mellifica (the honey bee) is very useful in the control of joint oedema. Often the knees are swollen, shiny, stiff with stinging pain. These joints can be very itchy. The patients are worse from heat, touch and after sleeping; they are better in the open air and from cold bathing. Apathy, stupidity and tearfulness can be present. Another remedy useful in the control of oedema is *Urtica urens* (stinging nettle).

Ledum (marsh tea). These patients have a lack of heat, yet feel worse if warmed. Their afflictions are improved by cold. They get gouty pains in the small joints, which are swollen, hot but pale. The soles are painful.

Consideration should be given to the use of the nosodes in any patient with a chronic condition, e.g. *Medorrhinum*, *Tuberculinum* and *Syphilinum*.

GENERAL MANAGEMENT

Supplementary therapy is often important in patients suffering from chronic arthritis. The nutrition of the patient should be looked to, and iron, vitamins and protein supplied as required. These patients are often tense, and suffering from poor sleep and should be given Valerian tincture or *Passiflora*. Regular consultations are also of importance in the relief of anxiety. It is often remarkable how many other problems these patients have, especially those who are house-bound. An example of this is presented by the difficulty in obtaining domiciliary optical visits in many areas of this country. Pain is a major problem to these people and is often relieved by the use of infra-red heat therapy. Patients vary in their response to homoeopathic treatment—it is necessary to work out for each patient the potency required and the frequency of administration. False hopes should not be offered to these people, but certainly much can be done to improve their condition.

Chronic arthritis is a real test of the doctor/patient relationship, and everything must be done to build up the patient's confidence. As Hahnemann remarks in the *Organon*,³ a careful study of the totality of the symptoms is required to select the most appropriate remedy. In the case of these

patients, consideration should be given to their requirements both physically and psychologically.⁴

REFERENCES

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4. *Ibid.*, IX.

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