

## CLINICAL RESEARCH

### Evaluation of Homoeopathic Therapy in Osteoarthritis- A Study conducted by CCRH

#### Abstract

*The prevalence of Osteoarthritis (OA) increases with advancing age, that is 50 years or above. The change in the chemical characteristics of the ground substance of the joint, heredity, overuse of joints, obesity, hyper mobility, orthopaedic deformities, endocrine diseases are important in the causation of this disease. This study was undertaken to see the effect of homoeopathic medicines and their reliable indications, their most useful potencies, frequency of administration and the same was conducted at Clinical Research Unit, Patiala and Central Research Institute, Kottayam. At Clinical Research Unit, Patiala, 93 cases were studied under Drug Related Programme and 360 cases were studied under Disease Related Programme. At Central Research Institute, Kottayam, 273 cases were studied under Disease Related Programme were studied. The patients of inflammatory, metabolic, suppurative and systemic arthritis were excluded from this study. 78 patients were found markedly improved joint pains, with agg. during motion and on beginning to move.*

#### Introduction

Osteoarthritis (OA, osteoarthrosis) is by far the most common form of arthritis. It shows a strong association with ageing and is a major cause of pain and disability in the elderly. Pathologically, it may be defined as a condition of synovial joints characterized by:

- Focal loss of articular hyaline cartilage
- Simultaneous proliferation of new bone with remodeling of joint contour

Inflammation is not a prominent feature. OA, however, is not a disease or a single condition. It is best viewed as the dynamic repair process of synovial joints that may be triggered by a variety of insults, some but not all of which result in symptomatic 'joint failure'. Radiographic and autopsy studies show that OA preferentially targets only certain small and large joints. There is a steady rise in overall prevalence from age 30 such that by 65, 80% of people have some radiographic evidence of OA, though only 25-30% have associated symptoms. The knee and hip are the principal large joints affected and the principal sites of significant disability. Knee OA is more prevalent than hip OA, but taken together they affect 10-25% of those aged over 65 years. Homoeopathic medicines have been reported to be effective in OA. CCRH started the work with an objective to see the effect of Homoeopathic therapy in OA and to determine the reliable indications, potencies or frequency of administration of the medicines found useful in relieving OA.

#### Materials and Method

A total of 726 cases were enrolled in the study. Out of these, 93 cases were studied under Drug related programme of Clinical Research in Patiala (2001-2003) and under the Disease related project – 360 cases at Clinical Research Unit, Patiala (1993 to 2003) and 273 cases at Central Research Institute, Kottayam (2000 to 2003). The etiological factors are :

Miasmatic profile of : Psora (33 cases),  
273 cases Sycosis (68 cases),  
Mixed miasm(123 cases),  
Pseudo psora (49 cases).

Precipitating factors : Over use of joints (263  
in 545 cases cases),  
Cold climate(155 cases),  
Dampness (127 cases).

#### Parameters Assessment of intensity of the disease

- Mild : Asymptomatic cases but only radiological abnormalities
- Moderate : Cases with severe pain, stiffness, with or without swelling with or without cracking in joints, with or without lock knee, with or without Heberden's nodes, with or without deformities but no pain at night.
- Severe : Cases with night pains

**Selection of research cases:**

**General :**

- \* All cases of joint disease which seem to be degenerative nature and excluding known cases of inflammatory, metabolic, Suppurative and systemic arthritis, .
- \* In relation to age, sex, occupation and physical constitution, the patient are registered initially before the inclusion.

**Symptoms related to particular system:**

- \* Joint pain
  - \* Localized or generalized with or without swelling
  - \* < During rest
  - \* < After bodily exertion
  - \* < On beginning to move
  - \* Relieved by continuous motion
- \* Morning stiffness
- \* Crepitus/cracking in joints
- \* Locked knee
- \* Limitation of movement
- \* Heberden's nodes
- \* Deformities like genu varus, halux valgus etc.

**Assessment of improvement of cases**

- Cure** : Complete disappearance of the subjective & objective with no recurrence for the next five years.
- Mild** : Reduction in pain and other symptoms with recurrence after least exertion.
- Marked** : Complete disappearance of subjective and objective symptoms (excluding radiological findings) with no recurrence during the period under report.
- Moderate** : Disappearance of the symptoms like morning stiffness, cracking, lock knee, limitations of motion etc. but only the mitigation of pains.
- Not improved** : No improvement even after considerable period of treatment with similar remedy.

**Worse** : Aggravation of signs and symptoms even after the treatment with well selected remedies.

**Result**

**Improvement indices**

	Total	Male	Female
Improved			
- Mild	12	02	10
- Moderate	105	20	85
- Marked	78	10	68
Not improved	02	00	02
Not reported	37	02	35
Dropped out	19	02	17
Under observation	20	03	17

**Subjective symptoms**

	Before treatment	After treatment
Pain Joints	273	32
Pain joints < motion	404	282
Pain < beginning to move	207	117
Pain < night	114	21
Pain < day time	47	24
Pain < after movements	91	20
Pain < rest	447	282
Morning stiffness	669	353
Cracking in joints	190	20
Lock knee	146	10
Bilateral paraesthesia	55	07
Symptoms of cord compression	108	36

**Objective symptoms**

	Before treatment	After treatment
Swelling of joints	211	31
Limitation of motion	228	77
Deformities	05	05
Heberden's nodes	02	02
Flexion contractures	01	00
Weakness of lower limbs	83	13

**Pathological / radiological findings**

	Before treatment	After treatment
Osteophytes deposition	138	112
Reduction of joint space	131	131
Sclerosis of subchondral bones	04	04
Subchondral cyst	02	02

## Drugs found effective

(Before treatment/After treatment)

Ars. Alb. 30,200,1M	05	04
Calc. carb. 30,200,1M	29	25
Lyc. 30,200,1M	76	67
Medorh.30,200,1M	10	8
Nat. mur. 30,200,1M,10M	12	9
Puls. 30,200,1M,10M	17	12
Rhus tox. 30,200,1M,10M	63	55
Sulphur 30,200,1M,10M	13	7

## Reliable indications of the drugs found useful

### Arsenicum album

Nocturnal burning pain relieved by warm application, warm bath. Pain agg. damp cold season with tingling and numbness of the limbs, pain agg. by cold air, fanning and uncovering.

### Bryonia

Mild swelling in the knee joints. Stiffness in the knee joints. Pain in knee joints < by motion > by rest. < night, change of climate from cold to warm, amelioration by absolute rest. Backache agg. while turning in the bed. Joints pain amel. by lying on back, pressure or wrapping up. Pain in joints, swelling, sitting, pain, agg. night, motion, change of climate from cold to warm, amel. by absolute rest. Backache agg. while turning in the bed, pain joints amel. by lying on back, pressure or wrapping up, adapted to robust fibre and dark constitution.

### Calcarea carb.

Found effective in fat, flabby, and flatulent constitution, liable to affections of weight bearing joints. Pain knee joints agg, squatting, rising from squatting., cold climate, standing in cold basement. Amel. by warm application, cracking in joints on motion, chilly patient, desires warm food, cold drinks, egg, fish, aversion to milk,. Sharp sticking pains in the knee joints. Pain worse in change of weather and physical exertion. Pain in knee joint better in warm dry climate, worse in cold weather. Tendency to obesity. Burning in soles of feet.

### Calcarea phos.

Chilly patient, knee joint affected from left to right, desires salt, meat and fish, cold food and drinks, , cracking in joints on motion, and on rising from seat, stiffness and pain in joints, with coldness and numbness of limbs. Pain is worse during ascending.

### Causticum

Pain and stiffness in the knee joints. Pain better by hard pressure and heat. Paralytic feeling in lower limbs. Numbness of limbs at night with

restlessness, amelioration by warm application. pains are worse in fine weather but relieved in rainy season. Joint pains with tearing and drawing, deformities at the joint, joint affection with weakness of limbs and tendency to fall, numbness of limbs at night, pains are aggravated at night with restlessness and amel. by warm application. cracking of joints especially knee.

### Graphites

Pain especially in women of climacteric age. Pain is more at night. < cold air, cold bath, winter. > warm application, chilly patient, desiring warmth. Aversion to sweets and fish. Scanty menses of short duration. Habitual constipation.

### Lycopodium

Drawing and tearing pain in knee joints. Pain of knee joints worse at night and rest. Pain of knee joint better with warm application. Swelling on the rt, knee joint with numbness. Carbonitrogenoid constitution, desires warm food and drinks, sweets, desires cold climate, excessive flatulence esp. evening hours and after flatulent food. Eating a little causes fullness in abdomen, pain and stiffness of joints < at night, first motion, winter, amel. continued motion, cold applications, Rt. sided affections, rheumatism of right shoulder < raising the limb.

### Medorrhinum

Warm patient, burning sensation all over, desires cold food and drinks. General relief in rainy season, gen. aggravation in warm and winter season, pain agg. first motion, winter, summer, daytime, amel. contd. motion, rainy season.

### Natrum mur.

Constitutional remedy with craving for salt and salty thing, warm patient, always desires cold, pains in spinal joints which are more during sitting, standing and lying on sides. Pain is better by lying on back on something hard. Pain in knee joints with cracking sensation.

### Rhus tox.

Chilly patient, desires warmth in general, warm food and drinks, desires milk, rheumatism of left, shoulder joint, left sided affections mainly, pain stiffness and swelling of joints, large and small; aggravation at night, morning, beginning to move, first motion, after physical exertion, rest, winter season, damp season, constantly standing on damp floor, bathing, cloudy weather, over exertion of joints, after excessive sweating, turning in the bed, amelioration continued motion, day time, warmth, warm bath, warm application, warm season, rubbing, tight bandage, covering of the part, restless at night, constantly changes position in bed, pain in back especially, lumbar region is amel. by lying on back.

### **Sulphur**

Rheumatism of left shoulder joint, burning type of pain, < night, raising the affected limb, drawing and tearing pains at night, pain agg. due to the heat of the bed, pain lumbar region, agg. standing and rising from stooping, has to stoop a while after rising, warm patient. Desires cold food and drinks, open air, and warm bath, winter season, amel. dry warm weather, burning Sensation of palms and soles, at night, amel. by cold application, desires sweets, aversion to milk.

### **Pulsatilla**

Warm patient, desires open air, cold food, cold drinks, cold climate, gen amel. in cold, sensitive to pain which rapidly shift from one joint to another, easily weeping, consolation amel., pain agg. at night, amel. open air, agg. rest, first motion, amel. continued motion, pain agg. from letting the affected limb down, pain of drawing or tearing type, with chilliness especially at night, patient is usually thirstless, with late or protracted menstruation.

### **Discussion**

Osteo arthritis, the most common joint disease of the aged is symptomatic three times more often in women than men, and is resulting from degeneration of the articular cartilage and fibro cartilage in inter vertebral discs. The prevalence of this disease sharply increases with advancing age, with mean age of onset is 50 years but the other factors notably, heredity, over use of joints, change in the chemical characteristics of the ground substance of the joint, pre existing joint disease,

obesity, hyper mobility, orthopaedic deformities, endocrine disease like Diabetes mellitus, hypothyroidism, hyperparathyroidism etc. are important in the causation of this disease. It is usually primary but may develop secondary to any joint disease or joint injuries.

In our study it was observed that no age was exempted from this disease because the age of the patients ranged from 15 years to 88 years (refer table 2.3.1. and 2.3.2.). However, it is further observed that in more than 225 cases included in the study, age ranged from 40 to 60 years of age. This means that this is a disease of advancing age. Among the 273 cases studied, 255 belong to primary OA in which heredity, obesity, overuse of joints, hypermobility, etc. were found responsible for the onset and/or continuation of the disease process.

### **Conclusion**

Response to treatment on the basis of recurrence of symptoms and signs during and after treatment and symptomatic improvement were also studied. It has been observed that in 88 cases no recurrence of signs & symptoms was noticed and majority of the cases in which symptoms recurred only in less intensity and in short duration. The X-ray examination shows that in a few cases even the marginal osteophytes deposition decreased. No increase in osteophytes deposition found during the treatment but in other cases no change noticed was even after repeated x-ray examinations.