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## **How Miasmatic Homoeopathic Medicines Treat Rheumatoid Arthritis: A Scientific Investigation**

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### **Abstract-**

Joint discomfort and systemic damage are symptoms of rheumatoid arthritis (RA), an autoimmune disorder. The inflammatory and painful symptoms of rheumatoid arthritis develop over time. The research set out to find a way to alleviate human suffering by studying the efficacy of homoeopathic medicines for rheumatoid arthritis. Design of the study before and after participation. Thirty cases were included in this research, representing a range of socioeconomic backgrounds and spanning more than 20years of age. The participants were of both sexes. Cases were chosen at random. Prior to and after therapy, each patient had evaluations.

**Key word-** Autoimmune, RA, Arthritis, RA factor, Polyarthritis, Homoeopathy etc.

### **INTRODUCTION**

In order to characterize a persistent inflammatory disorder affecting the periphery of joints, Sir Alfred Barring Garrod coined the term rheumatoid arthritis. A symmetrical inflammatory non-suppurative arthritis affecting the diarthroidal joints is currently considered a chronic or subacute systemic inflammatory condition. Systemic and articular symptoms may coexist in rheumatoid arthritis, an autoimmune chronic inflammatory disease. The arthritis tends to affect the tiny joints of the hands and proximal fingers, and it is polyarticular and symmetrical. Dysinflammation in the synovium, bursae, tendon sheaths, and, in a large number of cases, extra-articular tissues such as blood

vessels, pericardium, pleura, lungs, and heart is a hallmark of rheumatoid arthritis. Every ethnic group on Earth experiences RA. In the majority of populations, the prevalence rates fall between 0.35 and 1.5 percent. The disorder's frequency rises with age, with a peak occurrence between the ages of 40 and 60. The frequency of occurrence is two to three times higher in women compared to males. By the time women reach the age of 65, the prevalence is predicted to be 5%. The exact etiology of RA has remained a mystery, despite decades of dedicated investigation. who knows what. A complicated multifactorial aetiology is responsible for rheumatoid arthritis.

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Proliferation and extension of synovial membranes accompanied by erosion of subchondral bone and articular cartilage constitute the pathologic characteristic of rheumatoid arthritis. Joint abnormalities and dysfunction may manifest clinically as a consequence of the destruction of intra-articular and periarticular structures brought about by proliferating inflammatory tissue, often known as pannus. Fainting, lack of appetite, and vasomotor movement accompanied by sweating, particularly over the hands, are some of the minor constitutional problems that may appear before the actual symptoms manifest. One common symptom is stiffness. The stiffness is marked after periods of inactivity (especially in the morning) and often parallels the activity of the disease. The hallmark of rheumatoid arthritis is inflammatory synovitis which manifest as swelling. Pain may occur at rest. Tenderness, redness and/or heat may occur around the joint. Slow progression of joint symptoms is typical. As the disease progresses, joint involvement tends to be bilaterally symmetrical. Rheumatoid nodules may appear over the points of external pressure (particularly along the proximal end of the ulna). These nodules

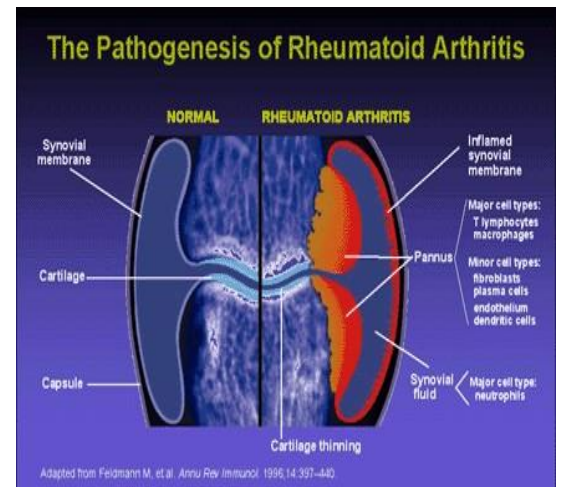


Fig No. 1- Pathogenesis

may or may not be tender. Tenosynovitis is common.

#### Alert Signs of Early RA-

- Insidious onset, with aching and stiffness often poorly localized to few joints.
- Prolonged morning stiffness ( for 6 weeks or longer)
- Swelling of the involved joints ( for 6 weeks or longer)
- Slowly progressive pain, tenderness, redness and heat in multiple joints (for 6 weeks or longer)
- Symmetric joint involvement.

stiffening or “gelling” with subsequent inactivity. The affected joints are frequently tender, swollen and warm and there may be limitation of both active and passive movement. Muscle wasting serves to accentuate the local swelling of the joint. Progressive destruction of the articular cartilage, subchondral bone and periarticular soft tissues eventually combine to produce the characteristic deformities seen in long-standing rheumatoid arthritis.



Fig. No. 2-  
Swan Neck Deformities occur

following volar subluxation of the proximal phalanges at the metacarpo-phalangeal joints, with subsequent contracture of the intrinsic muscles which become extensors rather than flexors of the proximal interphalangeal joints.

Boutonniere(button-hole) deformity

occurs when a chronic effusion within the proximal interphalangeal joint stretches or even ruptures the dorsal slip of the extensor hood, allowing dorsal migration of the joint through the discontinuity. A similar process at the carpometacarpal joint of the thumb may give rise to the Z-thumb deformity. Rheumatoid arthritis is a systemic disease. However these systemic features are highly variable, ranging from the fairly trivial (eg. episcleritis, subcutaneous nodules) to the potentially life threatening (eg. Systemic vasculitis, pleuropericarditis).

Constitutional symptoms including malaise, fatigue, weakness, low-grade fever and mild lymphadenopathy are common in RA. All the extra-articular complications occur almost exclusively in seropositive patients. Subcutaneous nodules occur in 20 to 25% of RA patients and are almost always associated with serum rheumatoid factor and more severe articular disease.

#### **American College of Rheumatology Criteria for Rheumatoid Arthritis-**

- a. Morning stiffness of at least 1hr.
- b. Arthritis of three or more joint areas.
- c. Arthritis of hand joints.
- d. Symmetric arthritis.
- e. Rheumatoid nodules.
- f. Serum rheumatoid factor positive.
- g. Typical radiographic changes in the hand and wrist.

Criteria 1-4 must have been for at least 6weeks.

**Investigation-**

1. **CBC-** Eosinophilia may occur in severe systemic disease.

erythrocyte Sedimentation rate is elevated. Serum protein electro-phoresis shows elevated serum globulin levels.

2. **Serological Tests** - The presence of Rheumatoid factor is detected in more than 80% of cases. Antinuclear antibodies detected by immunofluorescence usually in lower titer, can be found in 30 to 40% of cases. Raised C.reactive protein concentration (CRP)

3. **Synovial Analysis:** Synovial fluid analysis shows increased volume and turbidity, but decreased viscosity and

Complete blood count shows moderate anaemia and slight leukocytosis. The platelet count may be moderately elevated because of chronic inflammation. The

Stage II	Reduction / Loss of joint space
Stage III	Juxta articular erosions
Stage IV	Deformities, subluxations, ankylosis, geodes.

Table No. 1- Radiological

**Staging Management-** The goals of therapy of RA are:

- Relief of pain.
- Reduction of inflammation.
- Preservation of functional capacity.
- Resolution of the pathologic process and
- Facilitation of healing.

Surgery plays a role in the

complement (C3 and C4) levels, white blood cell count often exceeds 10,000/mm<sup>3</sup>.

4. **Synovial Biopsy:** Useful in distinguishing different types of inflammatory arthritis. It can be undertaken by blind needle biopsy, arthroscopy or open surgery.
5. **Arthroscopy:** Useful for excluding meniscal tears in the knee and it can also be used to establish the extent of erosive cartilage damage.

#### 6. **Imaging Techniques -**

Radiographs are most frequently used to follow the progression

7. of erosive inflammatory disease. CT scan, MRI also used management of patients with severely damaged joints. Although arthroplasties and total joint replacements can be done on a number of joints, the most successful procedures are carried out on hips and knees. "Miasms are like entrenched enemies". They make such breaches in the physical and mental economy that the debilitated vital force cannot repair them.

The wholistic approach of homoeopathy holds good even in miasmatic understanding of the

Stage I	Juxta articular osteoporosis
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se. One cannot go just by one or two expressions the presentation, pathological changes and

functional deviations of the case in relation to time dimension need to be considered.

Rheumatoid arthritis is a chronic non-suppurative inflammatory disorder. Initially there will be only functional changes, which may later progress into irreversible structural changes. The rheumatoid complaints are implanted on constitutions initiated by tubercular, syphilitic or syphilitic miasms.

H.A. Roberts in his book "Principles of Art and Cure" say that inflammatory rheumatism comes under syphilitic miasm. There will be tearing pain in joint, < during rest, < cold and damp > moving. Stiffness and lameness are characteristic of syphilitic stigma.

#### **Aims and Objectives**

- To study the effect of Homoeopathic Medicines in Rheumatoid Arthritis.
- To study types, clinical presentation and complications of Rheumatoid Arthritis.
- To evaluate the importance of diet and regimen in case Rheumatoid Arthritis.
- To stop recurrent attack with the help of Homoeopathic Medicines.
- To analysis the effectiveness of prescribing similium on the bases of ailment from.

#### **MATERIAL AND METHODS**

**Study Setting & Duration:** This study was conducted at the out patient department in Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute Sri

Ganganagar. The Study duration was 1 Year

**Selection of Sample:** A total number of thirty cases of Rheumatoid Arthritis were included in this study, from both sexes Selected randomly from college, OPD. **Inclusion**

**Criteria-**

1. Patients of age more than 20 years and both sexes are included for the study.
2. All Patients who are agreed with formal consent with proper case taking as per the case taking performa are considered for the study.
3. Patients who diagnosed with rheumatoid arthritis.
4. The patients who have given their consent and were willing to participate in study..

**Exclusion Criteria:**

1. The Cases which do not fulfill the inclusion criteria.
2. Patients who are non co-operative and who does not behave properly are excluded.
3. Complications such as septic arthritis, amyloidosis are excluded.
4. Cases with advanced pathological condition and which need surgical intervention are also excluded

**Study Design:** A Pre - Post study design. It involves one set of measurements taken before and after treatment. The effect of

treatment is determined by comparing pretest and post test scores.

**Intervention:** Constitutional Miasmatic drugs based on totality of symptoms.

**Potency and doses:-** Selection of dose & potency was done according to the nature of case as per homoeopathic principles.

**Selection of tool:** The patients were selected on the basis of their present complaints and Diagnosis was made on the basis of clinical signs, symptoms & investigations Hypothesis was tested by using 't' paired test and alternate Hypothesis was established by analyzing the data.

**Statistical Techniques** Paired T- test is used as a statistical technique.

**Data Analysis** -The data analysis was done on the basis of symptom score before treatment and after treatment using scoring scale for patients with symptoms of RA.

**Advice** - Supportive dietary advice, auxiliary measures, meditation and yoga were advised as necessary.

**Follow up:** The follow ups of the cases were done at an interval of 7-14 days.

**RESULT**

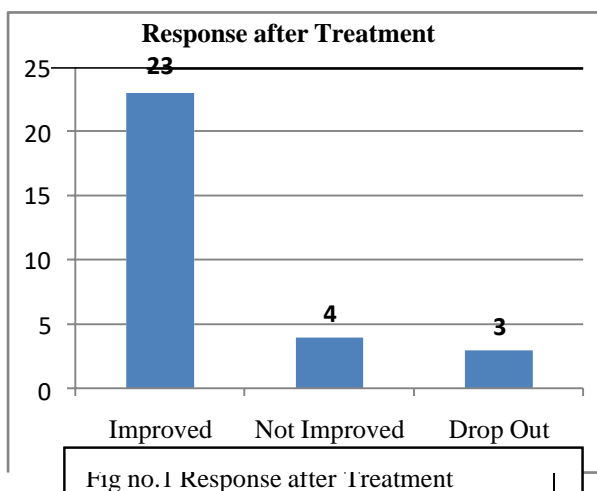
During study it is observed the maximum number of cases between the age group of 30-40 yrs (9, 30%), 40-50 yrs (9, 30%), 50-60 yrs (7, 23.32%) etc. Hence the peak incidence was between the age of 30- 50 yrs. Out of 30 patients 7 (23.33%) were males and 23 (76.66%) were females.

Females are affected more than males. In this study out of 30 cases, the maximum number of cases were Housewives as 16 (53.3%) cases, followed by manual laborers and social workers as 3 ( 10%) cases. This is followed by nurse, goldsmith, teacher, driver, clerk 1 (3.33%)

Age	Age- Group	No. of Patients	Percentage
	20-30 years	5	16.67%
	30-40 years	9	30%
	40-50 years	9	30%
	50-60 years	7	23.33%
Sex	Male	07	23.33%
	Female	23	76.66%
Occupation	House wives	16	53.33%
	Labour	3	10%
	Social worker	3	10%
	Others	08	26.67%

Table 1. Basic Demographic Profile

After study out of 30, 23 cases improved, 4 cases not improved and 3 cases drop out.



Paired T test Calculation					
Mean difference	Standard Deviation	Standard Error	T Calculated	Df	T table Value
3.06	2.015	0.36	8.5	29	2.045

Table 4. Paired t test analysis

Constitutional Homoeopathic remedies which are used during the period of study among 30 patients are:

S. N.	Name Of Medicine	No. of Patient
1	Natrum Muriaticum	4
2	Pulsatilla	4
3	Kali. Carb	3
4	Phosphorus	2
5	Sepia	2
6	Calc. carb	2
7	Sulphur	2
8	Lycopodium	2
9	Nux Vomica	2
10	Lachesis	1
11	Rhus Tox	3
12	Bryonia	3

Table 2. Homoeopathic Medicine used

We compare the calculated value of  $t$  with the tabulated value of  $t$  at degree of freedom (df) 29 and 0.05% significance level ( $\alpha$ ), we see that a calculated value of  $t$  i.e. 8.5 is greater than value of  $t$  in the table i.e. 2.045. So we reject the null hypothesis and accept alternative hypothesis i.e. homoeopathic remedies have significantly marked role in treatment of RA.

### CONCLUSION

According to the results of this research, the illness intensity ratings significantly decrease after homoeopathic therapy. Therefore, it may be inferred that homoeopathic remedies can effectively alleviate RA symptoms.



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