Common Types of

RHEUMATISM AND ARTHRITIS

(With illustrative cases and Homoeopathic management)

By

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PREFACE

It was the evening of 23rd June 2004, my 74th birthday, some of my students and colleagues present on that occasion requested me to throw some light from my experience about the approach and method.of treatment of different types of arthritis. Arthritis is a Common problem now-a-days both to the patient and the physician as well. So, considering the importance of the subject ,I had ;no other alternative than to yield to their request.

The present booklet contains the detailed description of my lecture deliver on that occasion. We come across arthritis cases in our everyday practice and the number of such cases.are increasing day by day. These include rheumatic arthritis,, rheumatoid arthritjs, advanced rheumatic arthritis, advanced osteoarthritis, ankylosing spondylitis, spondylosis and so on. Many patients have become crippled and completely bed-ridden due to their long lasting painful suffering. But their approach and method of treatment with vary according to the type and stage of arthritis, along will auxilliary help as and when necessary in the form of physiotherapy, walking, physical exercise etc. The management of a ease of pyogenic arthritis or rheumatic arthritis is entirely different from that of a case of rheumatoid arthritis. In this booklet I have tried to throw some; light as to how to tackle such cases in their different stages from homoeopathic outlook.

If the young homoeopathic physicians, especially the beginners get little help from studying this booklet, I shall consider myself amply rewarded.

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COMON TYPES OF RHEUMATISM AND ARTHRITIS

FIBROSITIS

(Non-articular Rheumatism)

Characteristic features:

1. Aching and stiffness of muscles.
2. Persistent tender point at a particular area.
3. Troubles aggravate in morning and evening as also change of weather.
4. Common Sites of tender spot-Knee, Elbow, Lumbar spine, Posterior Iliac crest and sterno-cleido muscles.
5. Middle aged females commonly suffer.

General Management:

1. Moderation in physical activity 2. Stretching exercise.

Scope and approach of homoeopathy:

Homoeopathy has enough scope in such cases. In acute stage the patient should be treated symptomatically. But repeated recurrences indicate sycotic base. Hence, chronic patients should be treated with anti-sycotic constitutional medicines.

In acute stage:
Arnica, Bellis per, Cimicifuga, Kali bich, Nat. mur, Nux v. Pyrogen, Rhododendron etc. may easily cure the patient if symptoms agree.

In Chronic Stage:
Dulcamara,Causticum, Nat.sulph, silicea, Thuja occ, Medorrhinum etc. may be helpful to eradicate the dyscrasia.

BURSITIS

This means inflammation of bursas.
Example:
(a) House-maid's knee.
In this condition pre-patellar bursitis takes place.
(b) Tennis Elbow:
This occurs in tennis players as also in cricketers.
(c) Tendo-achillis bursitis at heel.

Characteristic features:

The patient complains of pain at local sites during movement. In house-maid's knee, pain aggravates from ascending and descending stairs. In tennis elbow pain aggravates on movements of the affected elbow and in tendoachillis bursitis pain aggravates on standing or walking.

In acute stage-
Arnica, Belladona. Bryonia. Calc. phos, Mag phos, Rhus tox, Ruta g, Stannum met. Sticta etc. may help to cure.

In chronic stage-
antisycotic medicines as mentioned earlier as also Calc. carb, Sepia and Sulphur may be helpful.

TENOSYNOVITIS

This means inflammation of the synovial lining of the tendons.
Example: Frozen shoulder :
This results from periarthritis of shoulder joint with bicipital tenosynovitis. This may be due to any cause which leads to immobilisation of shoulder joint. Subsequently osteoporosis may follow.

General Management:
Physiotherapy may be of great help in such cases.

In acute stage:
Same as bursitis + Lyco and Sang. c.

In chronic stage:
Syco-syphilitic constitutional medicines may help to cure. They are Calc. fluor, Causticum, Kali bich, Kali iod. Medo, Staphisagria, Silicea, Thuja occ, Nat. sulph, Sarsaparilla. Phytolacca, Lithium carb, Plumbum met. & Syphilinum.

CARPAL TUNNEL SYNDROME

Causes:
Trauma, fibrosis, tuberculosis, rheumatoid arthritis, and Localized tenosynovitis of unknown aetiology.

Characteristic features:

1. Middle aged females generally suffer due to tenosynovitis.
2. Pressure symptoms due to compression on median nerve as it passes through the tunnel eg. buring pain, numbness and tingling of the first 3 digits of hand.
3. Pain aggravates at night.
4. Atrophy of thenner eminence.
5. Dryness of the skin of affected fingers.

Scope and homoeopathic approach:

Scope of homoeopathy is fairly satisfactory in such cases to start with. But in advanced cases the scope is very much limited. We are to try to find out the cause and based on the presenting symptom-totality select a medicine which covers both.
Arnica, Hypericum, Rhus tox. Bryonia, Ars. alb. Kali bich, Mezereum, Spigelia, Causticum. Plumbum met, Guaiacum, Ruta, Medorrhinum, Staphisagria, Sulphur etc. may be of great help if indicated.
Surgical decompression may be absolutely necessary if pressure symptoms are well developed.

TRAUMATIC ARTHRITIS

Due to severe trauma in any joint, there may be (a) laceration
and / or detachment of cartilage, (b) capsular tear, (c) haemorrhagic effusion and (d) articular fracture.

Characteristic Features:

1. History of trauma.
2. Pain, swelling, tenderness and ecchy-moses in the affected joint. 3. Pain aggravates from movement of the joint etc.

We have enough scope in such cases for complete cure within a very short period of time provided no fracture or dislocations are detected. X-ray must be done in all such cases as early as possible.
Here, the causative factor is very much helpful in selection of the remedy.

Medicines:
Arnica, Bellis per, Ruta, Bryonia alb., Rhus tox, Symphytum, Hypericum, Calc. carb, Calc. fluor.. Ledum, Strontia carb, Pyrogen, Mag phos etc. may do wonder in such cases.

Potency:
My experience for last 50 years is that medicines to be given in higher potencies in such cases - 200.1M, 10M etc. in repeated doses as the condition demands.

General Management:
Absolute rest to the affected joint, hot or cold compress to the joint as the patient prefers and aspiration of accumulated fluid in the jt. if medicines fail to take care of the same. But experience says in most cases it is not necessary.
Surgery: For fracture, dislocation, capsular tear, cartilage de-
tachment etc.

ANKYLOSING SPONDYLITIS

This is a chronic and progressive inflammatory disease affecting the articulations of spine as also the adjacent soft tissues. The sacroiliac joints are affected early in all cases. Then the hip, buttock and shoulder joints may be affected.

Characteristic Features:

1. Age 15 to 45 years.
2. Heredity plays an important role.
3. HLA-B-27 antigen in blood may be positive in 80% cases.
4. Synovial hyperplasia, bony erosion and cartilage destruction take place, finally followed by fibrosis and ankylosis.
5. Vertebrae become square shaped and finally may lead to Bamboo-spine.

Clinical manifestations:

1. Early symptoms are - stiffness along with low back pain.
2. Ankylosis of hip may lead to disability.
3. Sometimes sciatic syndrome may be the early manifestation.
4. Sometimes patient may also complain of chest pain.
5. Spinal cord compression may follow.
6. Pain in spine generally disappears after ankylosis sets in.
7. Rigid spine leading to bent over appearance of the patient and waddling gait.
8. Kyphosis is most prominent in dorsal spine.
9. On examination-tenderness at sacro-Iliac region is a common finding.
10. Blood exam for HLA-B-27 antigen may be positive.

Treatment:

The scope of homoeopathy is very much limited here. In my opinion complete cure is probably not possible in such cases. Palliation by symptomatic medicines also may not be possible. The disease is a constitutional fault due to mixed miasmatic state with predominance of both sycosis and syphilis. Hence, the disease process may be checked and considerable palliation may be given by constitutional treatment with mixed miasmatic medicines.

The medicines commonly found helpful are:

Guaiacum, Causticum, Acid nit, Staphisagria, Syphilinum, Medorrhinum, X-ray, Radium brom, Calc fluor, Acid fluor, Kali iod, Plumbum met, Carcinosin, Mezereum, Phytolacca, Thuja occ., Silicea and *Sulphur*.

General Management:

1. Patient should lie on hard bed.
2. No pillow should be used under head.
3. To maintain erect posture as far as possible on sitting, standing, walking etc.
4. Swimming and physiotherapy may be helpful.

RHEUMATOID ARTHRIHS

It is a chronic inflammatory, destructive, deforming and relapsing polyarthritis associated with other systemic disturbances.

Characteristic Features:

1. Heredity may play some role in 5-10% cases.
2. Trauma, infection and psychic upset may excite the disease.
3. Auto-immunity is probably considered to be the main cause of rheumatoid arthritis.

Pathogenesis and pathology:

The early change is the involvement of synovial sac which show inflammatory changes with infiltration by lymphocytes, monocytes and macrophages. There occurs accumulation of immune complex materials i.e. Ig G. Gradually the synovial membrane proliferates and the new mass projects over the articular cartilage called 'Pannus '. The cartilage then gets eroded and neighbouring bones may also be destroyed. Extra articular manifestations may occur in sub-cutaneous tissue (Rheumatoid nodules), pleurae, pericardium, lungs etc.)
In majority of patients, joint fluid and serum show antibodies specific for Ig-G.

Clinical features:

1. It is common in adult and middle aged females.
2. The affection stalls in proximal phalangeal joints then almost all joints may be affected excepting hip joints, affection of which is very rare.
3. There may be ulnar deviation of hands with spindle shaped swelling of inter-phalangeal Joints.
4. There may be broadening of fore foot.
5. The affected joints may be swollen, hot and tender.
6. Wasting of muscles above and below the affected joints.
7. Blood Exam shows high E. S .R and positive Rheumatoid factor in most cases (70%) and anti-nuclear factor (A.N.F.) in 30% cases.

8. X-ray of joints affected shows:

(a) Diminished jt. Spaces.
(b) Ankylosis in advanced cases.
(c) Mouse-eaten appearance of the joint due to erosion.
(d) Osteoporosis may be noted.

Treatment:

Homoeopathic scope, approach and prognosis

Homoeopathy has enough scope in Rheumatoid arthritis. If diagnosed early the patient may possibly be cured. But in most cases the patients come to us very late when deformities have already been formed and inmobilisation of affected joints take place. In such cases, cure may not be possible. But the progress of the disease may be well controlled with improvement in all respects. This is possible if the patients are treated constitutionally with anti-miasmatic medicines. The disease is mixed miasmatic with predominance of sycosis and syphilis. Symptomatic palliation by covering particular or local symptoms alone may lead to failure as I have observed in my practice. Anti-miasmatic medicines covering the totality of symptoms should be the method of choice.

We are to face great difficulty in treating such cases when they have been under the influence of steroid therapy. In such cases if steroid therapy is withdrawn suddenly and homoeopathic treatment started then severe aggravation of all symptoms including swelling, unbearable pain, rise of temperature etc. may follow which in most cases we may not be able to control even with best selected remedy as we observe in our everyday practice.

In such cases, homoeopathic medicine is to be administered along with allopathic medicines. When condition of the patient gradually improves steroid may gradually be withdrawn in consultation with the allopathic physician and finally stopped completely substituted by homoeopathy alone.

The following medicines have been found to be very much effective.

Causticum, Staphisagria, Syphilinum, Medorrhinum, Kali-iod, Kali- bich, Phytolacca, Guaiacum, Mezereum, Merc sol, Phosphorus, Sulphur, Thuja occ, Aurum met, Lac.can, Lyssin, X-ray, Rad. brom, Bellisper, Carcinosin etc.

General Management:

In acute stage –
Rest in bed, nutritious diet, optional position of the affected joints are to be advised and arranged.
When acute stage subsides -
Passive movement of the affected joints should be carried out and regular physiotherapy should be encouraged and instituted.

Note:

Intermittent Blood test to be done to check Hb. %, E.S.R. and Rheumatoid factor to understand the progress of treatment.

OSTERO- ARTHRITIS

It is a chronic, progressive degenerative disease affecting mainly
the weight bearing joints of the body.

Causes:

1. Age -generally above 60 years.
2. Sex- females more affected.
3. Heredity plays some role.
4. Abnormal stress and strain on weight bearing joints.
5. Loss of muco polysaccharide content of the matrix of articular cartilages.
6. Lack of physical exercise.
7. Obesity.

Characteristic features:

1. Onset-gradual.
2. Aching pain in hip. knee, shoulder, el
   bow and spinal joints.
3. Pain may aggravate at night and on rising from bed in the morning. Pain comparatively ameliorates by continued motion and local application of heat.
4. Restricted movement of the affected joints because of fibrosis of capsule, osteophyte formation and muscle spasm. Lack of synovial fluid.
5. Patient may complain of crepitus in affected joints while walking which may be confirmed by examination.
6. Heberdent 's nodes - These are bony and cartilaginous outgrowth at the dorsal aspect of terminal interphalangeal joints.
7. Synovial fluid may accumulate in the joint.
8. X-ray of the joints - show diminished joint spaces, osteophytes and prolapse of the inter-vertebral disc in advanced
   cases.
9. Cyst may be formed in popliteal fossae (pseudo cyst).

Treatment from homoeopathic outlook

1. In acute stage, rest is essential, but when the patient can walk with little difficulty, he/she should walk daily either in morning or afternoon.
2. Weight reduction is very much helpful and necessary.
3. Use of knee-cap while walking may help in reducing pain
4. Contrast bath may be helpful.
5. Local application of heat may help in minimising the pain provided the patient feels better by it.
6. Physiotherapy may be of great help.
7. Surgical arthrodesis.
8. For advanced P.I.D with unbearable pain and threatning paralytic symptoms --surgery should be the method of choice.

Homoeopathy has very good scope in early cases. The patient may lead a normal life if treatment i s continued for fairly along time and the patient follows the advices mentioned in general management. In advanced cases also the patient may satisfactorily be palliated. In fact, homoeopathy may be a boon to such patients.

The disease is mixed miasmatic with predominance of sycosis. Antisycotic and/or anti-syphilitic medicines may do wonder in many such cases.

Palliation may also be given by symptomatic palliative medicines, but that may lead to suppression and finally be harmful to the patient.

The following medicines have yielded better results:

1. Medorrhinum 2. Causticum 3. Staphisagria, 4. Syphilinum 5. Silicea 6. Nat. sulph. 7.Merc, sol 8. Calc. caust. 9. Ammon caust. 10 Guaiacum 11 Lithium car'6.12. Kali iod. 13. Lycopodium 14. Phytolacca 15. Calc. fluor. 16. Rhododendron 17. Formica rufa 18. Dulcamara 19.Ruta 20. Rhus tox 21 Bryonia alb. 22. Radium brom. 23. X-ray 24. Carcinosin 25. Lyssin.

INFECTIVE ARTHRITIS

Causative organisms:

T.B., Salmonella, Staphylococcus aureus, Gonococcus, Strepto-pyogens, E..Coli, Haemophylus Influenzae etc. may cause infective arthritis.

Characteristic features:

1. Shaking chill, rigor and rise of temperature.
2. In bacterimia stage, many joints may be involved but finally only one joint remains affected.
3. Knee joint involvement in 50% cases.
4. Fever with unilateral joint involvement is diagnostic.
5. Blood examination may reveal high Leukocytosis
6. Blood culture may be positive for respective organism
7. Joint fluid culture may also confirm the diagnosis.

Treatment:

Initially these cases are to be treated as any other acute disease.
If the remedy is well selected and the potency and doses are adequate, the result may be simply be unbelieveable. Here, high potencies (200,1M etc.) may be repeated at short intervals observing the effect of each dose. Clear directions should be given to the patient or party regarding repetition and its process. I personally use L.M. potencies in such cases starting with 0/10 onwards.
After the acute symptoms subside, the patient should be treated constitutionally to avoid recurrences and relapses.
In acute stage, the patient should be treated symptomatically including the causes and Repertory may be of great help.
Thereafter constitutional antimiasmatic treatment is absolutely necessary for complete restoration of health and avoidance of complications.

Medicines for acute stage:

Aconite, Bell, Bryonia alb, Rhus tox, Pyrogen, Sulphur, Nat mur, Puls, Streptococcic Mercurius, Hepar sulph, Kali mur, Phosphorus.

Constitutional Medicines:

Medo, Thuja, Silicea, Calc. fluor, Tuberculinum, Streptococcal, Staphylococcin, Influenzinum. Typhoidinum, Pyrogen, Sulphur, Syphilinum, Calc. carb, Psorinum etc.

TUBERCULAR ARTHRITIS

Destruction is the basic character of T.B. Hence, chronic arthritis with destructive changes in the joints caused by tubercle bacilli is known as tubercular arthritis. The joints commonly affected are spine, knees, hips, wrists, ankles and sacroiliac joints. Tubercular affection of spine is called Pott' s disease.

Characteristic features:

1. Stiffness of spine with backache, local tenderness and kyphosis. Violent nocturnal pain is characteristic.
2. Vertebral collapse may al so occur.
3. Generally mono-articular.
4. Insidious onset.
5. Low temperature especially in the evening.
6. Night sweat.
7. X-ray shows - destruction of the affected vertebrae, loss of intervertebral disc space and even collapse of the vertebrae.
8. Synovial fluid smear and culture may be positive for T.B.

Treatment:

Tuberculosis is due to combination of psora and syphilis. But in some cases all the three miasmatic states may be present. The scope of homoeopathy is limited in these cases. All cases may not possibly be cured, but in most cases, constitutional anti-miasmatic treatment may show wonderful results. I have obtained successful results with the following remedies:

Tuberculinum, *Guaiacum*. *Syphilinum*, Mezereum, Staphisagria, Ars iod, *Drosera,* Mercurius, Pyrogen, Sulphur, Kali-iod, *Silicea,* Hepar sulph, Calc. carb*, Acid fluor*, *Carcinosin*, Radium brom, Causticum etc.

General management and surgery:

1. High protein diet
2. Complete rest to the joint
3. Surgical help as and when necessary.

SYPHILITIC ARTHRITIS

Characteristic features:

1. This may be found in congenital or secondary syphilis.
2. Breakdown of bone and articular cartilage take place from the very first year in congenital syphilis.
3. Synovitis of knees and elbows at puberty may follow.
4. Charcot's joint.
5. Blood examination for V.D.R.L test may be positive.
6. History of syphilis in family, clinical symptoms and positive serological test should be co-related before arriving at the diagnosis.

Treatment:

Constitutional anti-syphilitic medicines covering the totality of symptoms may cure many cases. In such cases, 50 millesimal potency in repeated doses may produce good results, but I use nosodes in such cases in centesimal potency instead of 50 millesimal scale.

Medicines commonly used are:

Syphilinum, Kali iod, Acidfluor. Silicea, Guaiacum, Tuberculinum, Carcinosin, Mercurius. Staphisagria, Phosphorus, Causticum, Sarsaparilla, Mezereum. Sulphur, Radium brom, etc.

RHEUMATIC ARTHRITIS

1. Causative organism Streptococcus - Group - A.
2. History of repeated sore throat, pharyngitis and /or tonsillitis.
3. Flitting joint pain involving many joints both large and small. To start with knee, elbows, shoulders, ankles etc., then small joints of fingers, toes etc, may also be involved.
4. May be associated with high temperature i.e. Rheumatic fever with carditis.
5. Pain aggravates from movement and ameliorates at rest.
6. A.S.O. titre in blood is positive i.e 200 or above i.u.
7. Physician should be alert for cardiac involvement for which frequent cardiac check-up is necessary.

Treatment:

Psora is basic cause here, but streptococcal infection of throat excites the disease. Sycosis or syphilis may be present at the background in some cases.

In acute stage –
Bell, Merc sol. Merc protoiod, Merc bin iod, Phytolacca, Rhus tox, Hepar sulph. Dulcamara, Pulsatilla, Lac can, Kali mur, Kali bich, Pyrogen etc. may easily check the condition.
Potency - 50 millesimal in repeated doses.

In chronic cases:
Constitutional antimiasmatic treatment is probably the only solution for a permanent cure. But we must keep in mind that diseappearance of all symptoms along with repeated Negative A.S.O. titre form the basis of declaring a patient as cured. The patient should at the same time be free from any cardiac involvement.

Remedies in chronic stage are –

Lac can, Tuberculinum, Bacillinum, **Streptococcin**, **Guaiacum**, **pyrogen**, **Mercurius**, Sulphur. **Silicea**, Syphilinum, Bromium, Hepar sulph, Psorinum etc.
Potency - In chronic cases, centesimal potencies have yielded better results in my hand.

General Management:

1. Rest in bed till temperature subsides.
2. To avoid outdoor games and overexertion till ASO titre becomes negative.
3. Frequent cardiac check-up.
4. Nutritious diet.
5. Oral hygiene to be strictly maintained e.g. warm saline gurgling, thorough cleansing of mouth after each food and drinks, avoidance of cold exposure in any form and cold drinks etc.

SPONDYLOSIS

It is a variety of degenerative changes in the inter-vertebral discs leading to prolapse of the nucleus pulposus giving rise to pressure over the surrounding neural structures. It may be Cervical, Dorsal or Lumbar.

A) Cervical Spondylosis:

Characteristic features:

1. Hereditary diseases with history of spondylosis in family may play some role.
2. Age - Commonly after the age of 40 years, but no age is immune
3. The discs herniate laterally or dorsomedially.
4. Predisposing factors-prolonged sitting in forward bending posture, trauma to the spine, sleeping with high pillow under head etc.
5. Pain in neck which radiates to arms. Pain often increases with coughing, sneezing etc. and is distributed along the nerve root involvement.
6. Restricted movements of the neck.
7. Vertigo may be a troublesome feature.
8. Common sites - C 5/6, C 5/7 and C-4/5 levels.
9. Prolapse of intervertebral discs leading to narrowing of spinal canal or vertebral foramen leading to pressure symptoms including paralytic manifestations.
10. Kyphosis of spine with sniffness of cervical region.
11. X-ray of cervical spine (AP & Lateral view) shows i) Osteophytes at bone margins and diminution of joint spaces. ii) Loss of spinal curvature (straightening of spine).
12. Sometimes myelography and C.T. scan may be necessary to confirm the diagnosis. MRI is also a very good diagnostic tool.

Precipitating factors: i) Sneezing ii) Coughing iii) Weight lifting iv) Forward bending of the spine etc.

General Management:

1. Rest in bed when there is neck pain and vertigo.
2. To avoid carrying heavy weight.
3. To avoid soft bed not to use any pillow under head.
4. Traction of the neck followed by immobilization with a plastic cover may be helpful for palliation.
5. In case of spinal cord compression, surgery may be needed.

B) Lumbar spondylosis:

Characteristic features:

a) In LATERALLY protruded disc:

1. MostcommonlythediscbetweenL5&SI ,s involved and next in frequency is L4&L5.
2. Pain in lumber region and tingling sensation there which may radiate towards foot (one or both).
3. Pain aggravates by coughing, sneezing, walking etc.
4. The patient can not raise the leg straight.
5. There may be loss of sensation-detected below lateral malleolus.

b) In CENTRALLY protruded disc:

There may be compression of cauda equina which may give rise to paraparesis, retention of urine, back pain, loss of reflexes and numbness in sacral area. .
X-ray and other investigation findings are same as in cervical spondylosis.

GENERAL MANAGEMENT:

1. Rest in a flat bed or on hard mattress.
2. Traction may be helpful as and when considered necessary.
3. Surgical help may be necessary in central disc protrusion.

MEDICINAL TREATMENT:

The disease is mixed miasmatic with predominance of syco-syphilis.
1. Palliative-symptomatic palliation of pain may not be success ful in most cases.
2. Curative-constitutional anti-miasmatic treatment may be the only solution for both palliation and checking the progress of the disease process.

Suggestive medicines are:

Arnica, Causticum, Staphisagria, *Acidphos,* Acid fluor, *Kali iod, Kali bich, Phosphorus, Silicea, Phytolacca, Thuja,* Medorrhinum, Tuberculinum, X-ray, Radium brom, Carcinosin, Lyssin, *Mercurius, Sulphur, Guaiacum etc.*

GOUT

This is a disorder of purine metabolism and is characterized by pain and swelling of first metatarso-phalaiigeal joint initially followed by involvement of other joints with an elevation of uric acid level in the blood. Normally precipitation does not occur due to presence of solubilising substances in plasma. Urate 1S excreted mostly through kidneys and rest through intestine.

Primary Gout:
It is a metabolic disease where high blood level
of uric acid is either due to overproduction (20%) or due to less excretion (80%) or both.

Pathological classification:

(A) Primary gout:

1. Common in adult men after third decade.
2. Obesity and overweight, sedentary habit, diabetes mel high intake of uric acid containing diet, hypertension, alcohol, atherosclerosis, hyperlipidimia etc. may predispose and aggravate the disease process.

(B) Secondary gout:

1. Polycythemia vera.
2. Glucose-6- phosphate deficiency
3. Faulty renal excretion due to renal failure lead poisoning, thiazide diuretics, low dose of Aspirin, anticancer chemotherapy.
4. Multiple myeloma
5. Myeloproliferative diseases.

Clinical classification :

(A) Asymptomatic - uricaemia:

The patient develops no symptoms. Only positive family history|
may be found. Serum uric acid level is high. In many cases this is | accidentally detected during routine blood test.

(B) Clinical Gout:

Predisposing fectors are -trauma to joint, after surgery, acute
infection, alcohol intake, high protien diet, exposure to cold etc.

Characteristic features :

1. Persistent pain with stiffness of first metatarsophalangeal joint mostly at midnight. Thereafter other big joints may be affected.
2. Tophi in ear and other places due to accumulation of monoso-dium urate & monohydrate crystals. The first affected joint look shiny, red and inflammed. There may be much tenderness on pressure. The attacks are generally associated with low grade tempera-ture.
3. Renal calculus, pyelonephritis and renal failure may develop.
4. Uine volume may diminish and show urate crystals.
5. Blood exam, shows leucocytosis, raised E.S.R. and high uric acid level.
6. X-ray may show punched out erosion in affected bone.

General Management:

1. Rest in bed with proper immobilisation of joints affected.
2. Plenty of fluids to be taken.
3. Less protein diet.
4. To avoid diet rich in uric acid eg. red meat, eggs, tomato, spinach, fish finger etc.
5. Hot or cold application to the joint as the patient prefers.

Treatment:

Gout is a mixed miasmatic disease with predominance of syphilis. It takes a long time to cure such patients. Temporary reduction in blood uric acid level and relief of pain should not be considered as cure. Because, spontaneous remission and relapses are the basic nature of this disease. So we should be very careful in declaring a patient of chronic gout as cured. At the same time we must keep in mind that from homoeopathic outlook, even acute gout is considered to be a miasmatic chronic disease.

In acute stage –
Bell. Pulsatilla. Bryonia, Ac. benz., Colchi-cum, Rhus tox, Merc sol, Mag phos. Ledum. Pyrogen etc. may yield good result for giving relief to the patient.

In chronic gout –
Constitutional anti-miasmatic treatment is the only method of choice.

The medicines found to be useful in most cases are-

. . . ,
Merc sol., Syphilinum, Tuberculium , Acid Benzoic, Lithium carb,
Staphisagria, Causticum, Acid fluor., Calc. fluor., Kali iod , Thuja, Medorrhinum, Carcinosin, X-ray, Radium brom., Carbon sulph. etc.
Reference: Harrison's Principles of internal Medicine

Note:

The views expressed in this chapter regarding the scope and approach of homoeopathy in Rheumatism and arthritis as also their homoeopathic treatment are based on author's clinical experience for about 50 years. Many learned colleagues all over the world may differ from the author's views for which the author sincerely beg to be excused.

ILLUSTRATIVE CASES:

Osteoarthritis of Right Knee Joint

A male patient aged 62 years, by occupation-electrician (service), came on 27.8.99 with large swelling of his right knee and inability to walk or move for severe pain in knee joints. It was diagnosed as osteoarthritis by X-ray. He was operated (upper tibial osteotomy) 2 years ago but the condition did not improve and finally the orthopaedic surgeon suggested right knee replacement. Being very much scared he finally decided to try homoeopathy, if it could be of any help. Within six months of homoeopathic treatment, he could walk freely without much difficulty and was very much relieved of all his sufferings.

Present complaints: (as on 27.8.99).

1. Pain and large swelling right knee joint for 3 years. Pain <s walking and slightest movement of knee joint, >s hot application.
2. Effusion in right knee joint.
3. Pain in left knee joint also, but much less than right.
4. Rt. Knee hot to touch, extremely tender.
5. Inability to flex the knee (rt): can extend it up to 75%.
6. Trembling of Rt. leg while attempting to extend it.
7. Pain in wrist joint, ankles, elbows, back, hip joint and other joints too <walking, movement, evening and night till he sleeps. Then again in early morning with stiffness of all joints. Sometimes < in newmoon and fullmoon and >s in wet weather.

History of the present illness:

The patient was operated in 1997 (upper tibial osteotomy) in a renowned hospital in Calcutta followed by plastering of whole right leg. After removal of the plaster the whole right limb was found to be swollen with large fluid accumulation in rt. knee joint. The patient was again admitted in hospital and aspiration of fluid from the joint was done and was discharged after two months. Fluid accumulation in right knee joint reappeared again when
the orthopaedic surgeon advised knee replacement. This time the patient decided to try homoeopathy instead of going for the major surgery.

Past history:

1. Chicken pox three times.
2. Scabies in childhood.
3. Ringworm at 40 years of age, ameliorated by ointment.
4. Repeated epistaxis while at service.

Family history:

1. Insanity-brother.
2. P. T.- wife
3. Father died of respiratory trouble, nature not known.

Generalities:

1. Hot patient
2. Sweat + +, profuse on face, head, chest and axillae; offensive; feels worse after sweating.
3. Thirst + even at night, small quantity at a time.
4. Desire - Bitter, fish, milk, warm food & drinks.
5. Aversion - Cold food & drinks.
6. Easily catches cold especially in rainy season, coryza and cough.
7. Stool - semi solid, not satisfactory.
8. Polyuria even at night (3 times) though blood sugar is normal.
9. Sleep disturbed due to anxiety and tension about his present disease, lies on his chest.
10. Delayed healing of wound.
11. Mind - quiet, hasty, forgetful, anxious, worries + + for his disease.

Clinical findings:

1. Skin clammy.
2. Pulse 100 p.m.
3. Tenderness at G.B. region.
4. Hairy chest+++.
5. Vitiligo spots on chest.
6. BR 130/76 mm./Hg.
7. **X-ray 27.7.99 (Rt. Knee joint)**

Osteophyte formation in bones forming knee joint. Joint space reduced. Loose bodies present.

Inference: Osteo- arthritis.

8. Blood on 27.7.99
Hb. 14.10 gm%;WBC 6.40
Poly - 66%, Lympho - 25%, Eosin - 9%
E.S.R. 60 mm.
9. Report of orthopaedic surgeon dated 24.7.99
Adv. Needs total knee replacement.

First prescription:

27.8.99:
Rx **Causticum** 0/3, 0/5,16 doses each.
One dose to be taken twice daily one after another.

15.9.99:
Pain comparatively better, but swelling of knee unchanged.
Rx **Medo. 200**, 1M/ One dose each.
To be taken on two consecutive mornings.

29.9.99:
Joint effusion much reduced; pain and tenderness in knee joint much better; now gets pain only on walking, B.P. 140/70 mm./Hg. Can flex rt. knee about 80%, pain in other joints too much better. Patient now can walk alone with a stick.

2.11.99:
Very much better, can flex knee fully, mild swelling persisting in rt. Knee joint, walking freely without support.

9.12.99:
Slight swelling rt. knee: now having pain in both wrist joints. No pain in knee; attack of cold and cough for 10/12 days. Yellowish expectoration having salty taste. B.P. 140/74 mm. Hg. Pulse 88 p.m.
Rx **Kali iod** 0/3, 0/5 16 doses each,
one dose to be taken daily morning one after another.

5.2.2000:
Slight effusion in rt. knee persisting; practically no pain. Pulse 80 p.m. no further cold and cough. B.P.140/78 mm Hg.
Rx **Tuberculinum** 1M / One dose only.

Note:
The patient could not continue treatment because of his financial distress being a retired person. Moreover he lived in a remotest village in midnapore district from where it was difficult for him to come to Kolkata regularly once a month. But he was very happy that he could walk freely and could avoid knee replacement.

Calcaneal Spur, Osteo – Arthritis & Diabetes Mel.

A lady aged 45 years came on 9.3.04 for treatment of bilateral calcaneal spur and osteo-arthritis. Along with use of padded shoe, she became completely free from all troubles within eight months of constitutional homoeopathic treatment.

Present complaints: (as on 9.3.04)

1. Pain in both the heels due to calccaneal spur (confirmed by X-ray) - for last 3 years. Pain is more on right heel.
2. Pain in left metatarso-phalangeal joints for 3 months with cystic swelling on the dorsum of left foot.
3. Pain in both tendo-achilles region with inflammatory swelling and extreme soreness and tenderness to touch.
4. Pain in the ulnar side of both the wrist joints for one month.
5. Hyperglycaemia +, last P. P. B.S. 160 mg%, first detected in 1999.
6. High blood pressure since 2000.
7. Multiple warts on neck, face and abdomen, patient is not sure about the duration.

Past History:

Cholecystectomy (Lap-chole) for gall stone in June 1999.

Family History: Hypertension - mother

Generalities:

1. Hot patient, desires cold externally, not susceptible to cold.
2. Thirst ++ even at night while sleeping.
3. Stool not regular, hard.
4. Sweat + more on neck, palms & soles; feels worse after sweating; no smell.
5. Sleep normal.
6. Dreams of snake.
7. Mind - mild, hasty, desires company; fears thunderstorm, tidy.

Cinical findings:

1. B.P. 140/72 mm.Hg.
2. Pulse 100 p.m. 3.Wt. 69 Kg.
3. Multiple warts and moles on face, neck and abdomen.
4. X-ray dated 28.11.03 Bilateral calcaneal spur.

First prescription:

9.3.04:
Rx **FL Calc. fluor** 0/3, 0/5/16 doses each.
One dose to be taken twice daily one after another.
Also advised to use padded shoe.

6.4.04:
Paininheel comparatively better: cystic swelling on left foot reducing; B.P. 120/70 mm./Hg.; Pulse 96 p.m.
Rx **Medorrhinum** 1M / one dose only.

17.5.04:
P. P. B.S. 120 mg% (30.4.04 >; pain in heels much better; inflammatory swelling at tendo-achillis region less but pain persists on right side, rather aggravated for last one week. BP. 130/ 80mm. Hg.; Pulse-88 p.m.; Wt. 68 Kg
Rx **Aurum met** 0/3/12 doses.
One dose to be taken every alternate day.

14.6.04:
Inflammed swelling at both tendo-achillies much better; no pain in left heel and ankle; pain right heel - but much less; pain and tenderness persisting right ankle including tendo-achillis region. Pulse 80 pm.; Wt. 67Kg.; BP. 120 70 mm. Hg.
Rx **Aur. Met.** 0/5/12 doses.
One dose to be taken every alternate day.

5.10.04:
No pain in heel; slight swelling and soreness at tendo-achilles region persisting, tenderness on pressure +. P.P. B.S. 114 mg%,B.P. 120/80 mm.Hg., Wt. 65 Kg.
Rx **Ammon caust** 200, 1 M / One dose each
To be taken on two consecutive mornings.

Last report: **16.11.04:**
No swelling, pain or tenderness at ankle and tendo-achillis region; no pain in heel; B.P. 130/80 mm. Hg.; Wt. 65 Kg; P. P. B.S. 132 mg % (12/10/04); patient making no complaints whatsoever. Using padded shoes as per our advice. She is advised to use the padded shoes for another 6 months.
Rx **Amnion causticum** 10M. one dose only.

Note:
It is obvious that the calcaneal spurs are there but they are not causing any trouble or discomfort to the patient due probably to the combined effect of padded shoe and constitutional homoeopathic treatment.

Rheumatic Arthritis and Bronchial Asthma

A female patient aged 27 years was brought on 20.6.02 by her father, a homoeopathic physician. She had been suffering from bronchial asthma since childhood. Recently developed rheumatic arthritis with A.S.O. titre - 400 I.u.. Her ASO titre became negative within 10 months of treatment and is now free from all major complaints.

Present Complaints: (as on 20.6.02).

1. Bronchial asthma since childhood. Dyspnoea <s early morn
ing; no cough or expectoration, only spasmodic dyspnoea.
2. Sudden, severe pain in left knee joint one month back; since
then repeated attacks of arthritis affecting left ankle and knee joint
with inflammatory swelling and extreme tendemess. Each time was
treated and relieved by allopathy.
3. Leucorrhoea before mense ++.

Past history:

Bronchial asthma.
Susceptibility to catch cold easily.

Family history:

Cancer- father-in-law.

1. Piles-mother.
2. Chronic eczema-husband.
3. Rheumatism – mother
4. Epilepsy-brother
5. lymph - adenitis - father.

Generalities:

1. Hot patient, desires cold, but can not tolerate- results in sore throat and bronchospasm.
2. Thirst ++ for large quantities of cold water.
3. Desires - sweets, fish, meat, milk, warm food, fruits.
4. Aversion- Raw onions and eggs.
5. Intolerance -meat, fat and fried food, though likes them.
6. Bathing regular, even in winter,
7. Sweat it axillae - feels uneasy.
8. Mind: easily irritable, hasty, tidy, anger persists for long; consolation ameliorates, fear of thieves, dacoits, snakes, of dogs etc.

Menstrual history:
Normal.
F.M.P. at the age of 12 years.
Amenorrhoea for 5 months following last child birth.
O.H.: 2 Issues.
Last one 5 months back by caesarian section.

Clinical and Laboratory findings:

1. Pulse 68 p.m.
2. Tongue - thin white coating, semi moist.
3. Tonsils ++ especially left. 4.B.P. 110/80 mm. Hg.
4. Heart - Pulmonary and aortic 2nd sound are accentuated, no murmur.
5. A.S.O titre400I.U. 7. E.S.R. 36.5 mm. 8.Eosin6%.
6. Hb 11.89 gm%.

First prescription:

20.6.02:
Rx **Merc sol** 200 / 2 doses.
Morning & Evening the same day.

Follow-up :
4.7.02:
Initially pain in joint aggravated; now pain less with soreness of soles of feet.
Rx **Mere sol** IM/ one dose.

25.7.02:
Pain right knee on 12/7 and left knee on 20/7
but less than before; no dyspnoea.
Rx **Guaiacum** 200 / one dose only.

30.8.02:
No troubles; no dyspnoea; leading normal life.
Ry **Guaiacum** 200 /1 dose only.
10 succussions.

4.10.02:
No trouble;
Rx **Guaiacum** 500 / one dose only.

7.11.02:
No troubles; B.P. 120/70 mm./Hg. Pulse 72 p.m.; Heart N.A.D, Tonsils reduced in size
Rx **Guaiacum** 500 / One dose.
10 succussions.

26.12.02:
No troubles, no dyspnoea
Rx **Guaiacum** 1 M/ One dose only.

3.3.02:
No troubles.
Rx **Guaiacum** 1M/One dose only.
10 succussions.

1.4.03 :
No troubles; A.S.O. titre negative on 7.3.03.
No dyspnoea.
16.6.03 :
No troubles; pulse 72 p.m.: Tonsils normal, chest free; no pain in any joint.
Rx **Tuberculinum** 1M / One dose only.

Last report on **6.11.03:**
No troubles; no recurrence of dyspnoea or arthntic pains. Rx. **Carcinosin** lM / one dose only.

Osteolytic lesion at medial end of right clavicle

A boy aged about 15 years was brought to me on 18.5.2000 by his father, a homoeopathic physician for treatment of an osteolytic lesion at the medial end of his right clavicle. Though visible improvement started within three months of treatment, it took about 5 years for a complete cure of the case.

Present complaints: as on 18.5.2000.

1. Widening of medial I/3rd of right clavicle with a suspicious
lytic lesion at its medial end (X-»ray report in January 2000).
The patient noticed the swelling one year back. But there was no pain or tenderness and as such no importance was given to it at that time.
2. Cracking sound in both the knees on flexing only.
3. Chronic constipation: motion regular but not clear.
4. Repeated acne more than one year <s summer season.
5. Pimples like skin lesions on back across the shoulders, generally aggravate in summer, no itching.
6. Ringworm like lesions in groins - one year.
7. Occasional vertigo on turning head on right side -6 months.

Past history:

1. Bronchial asthma in childhood, started at 3 months of age and was ameliorated by homoeopathy at 5/6 years of age.
2. Chronic tonsillitis treated by homoeopathy, now no troubles. 3. Measles early childhood.

Family history:

1. Diabetes mel - Paternal grand father.
2. Insanity-Do
3. Uterine tumor - Paternal grand mother (operated).
4. Susceptibility to catch cold easily - mother.

Generalities:

1. Ambithermal, prefers fan on all the time.
2. Sweat scanty, smell +, does not like it.
3. Thirst scanty
4. Desires sweets, cold food, meat.
5. Aversion - raw onions.
6. Intolerance eggs - acne aggravates.
7. Sleep normal, lies on sides,
8. Mind : courageous, fond of out door games, tidy, fond of animals, fond of drawing, travelling, no fear.
9. Avoids bathing in winter though fond of winter season.

Clinical findings:

1. Depigmented naevas on abdomen- since birth.
2. Tonsils ++ bilateral.
3. Tongue moist, clean
4. X-ray right clavicle dated 1.2.2000
5. Widening right clavicle- medial third and lytic lesion at medial end.
6. Weight-57.5 kg.

First prescription:

18.5.2000:
Rx **Bacillinum** 1M / one dose only.

09.6.2000:
Wt. 58 kg; no vertigo; Acne >d; cracking sound in knees comparatively better; tonsils - right reduced in size, left unchanged; clavicular swelling unchanged.
Rx **Bacillinum** 1M one dose, 10 succussions.

21.7.2000:
Acne and skin lesions ameliorating otherwise unchanged; wt. 58kg.
Rx **Syphilinum** 200,1M
One dose each.
To be taken on two consecutive morning

1.11.2000:
Cousulted renowned orthopaedician in Calcutta. C.T. scan done; report says :
Oval lytic lesion at medial end of right clavicle, sharp sclerotic margin more near the posterior cortex. The patient complains of occasional occipital headache which aggravates in the afternoon onwards, not lasting long; wt. 58.5 kg, both tonsils reduced in size.
Ry **Carcinosin** lM / one dose only.

15.12.2000:
H/o Auto-accident while walking on street, took tetanus toxoid and Arnica 6; now acne aggravating, swelling of clavicle unchanged no eruptions in groin, wt. 60 kg. Tonsils much better.
Rx **Tuberculinum** 10M / one dose only.

25.5.01:
Very much better in all repectes; wt. 60.5 kg; of late, complaining of hair falling ++
Rx **Acid fluor** 200/ 2 doses.
To be taken at 6 a.m. and 6 p.m. the same day.

13.8.01:
Wt. 60 kg, no pain or tenderness of clavicle; swelling of the clavicle seems further improved.
Rx **Acid fluor** 10M / one dose only.

1.1.02:
Rx **Acid fluor** 10M/one dose was repeated on 12.10.01 with 10 succussion, wt. 61 kg; no troubles.
C.T. scan report dated 4.1.02
A well defined localized cortical bony defect at postesior aspect of medial end of right clavicle with sclerotic margin suggesting a benign process.
Rx. **Acid fluor** 50M / one dose only.

3.5.02:
Remark of the renowned orthopaedician dated 17.4.02 C.T.Scan - osteolytic lesion - area regressing.
No troubles
Rx **Silicea** 1 M/ One dose only.

15.8.02:
Wt. 61 kg; sudden stretching of rt. shoulder caused pain in supra clavicular region, now no troubles.
Rx **Carcinosin** 10M / one dose only.

3.12.02:
The patient feels discomfort on lifting weight with right hand.
Rx **Aur. Met.** 0/5 / 8 doses.
One dose to be taken every 4th day.

14.4.03:
Was examined by orthopaedician who advised normal activities and re-cheek-up after 3 months.
Wt. 63 kg,. No troubles. Acne persisting
Rx **Thuja occ** 200, 1MI one dose each. To be taken on two consecutive morning.

28.7.03:
Wt. 64 kg; no troubles. Acne much better.
Medorrhinum 200,1M / one dose each. To be taken on two consecutive morning.

15.9.03 :
Wt. 65kg; no troubles; pimples appearing on face and back of chest.
Rx **Syphilinum** 10 M / one dose only.

23.1.04:
No troubles.
Rx **Sulphur** 1M one dose only.

23.7.04:
No troubles; no acne or skin lesion.
Rx **Silicea** 10 M / one dose only.

15.10.04:
No troubles.
Rx **Silicea** 10M / one dose only, 10 succussion.

Final report:
27.1.2005:
Patient complains of occasional pain in spine, of late has become very much fond of lemons.
X-ray dated 8.1.05 both clavicles.
The clavicles appear normal with intact cortical outline.No definite lytic /sclerotic lesion is seen on either clavicle.
Rx **Acid Phos** 200,1M / one dose each.
To be taken on two consecutive morning.

Note:
The father of the patient is vary happy to see his son being completely cured of his difficult surgical condition by constitutional homoeopathic treatment only. Of course, it took prolonged time to cure him, but considering the nature of his illness the time factor in this case is only of secondary consideration.

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