



RHEUMATOID ARTHRITIS & ITS HOMOEOPATHIC APPROACH

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ABSTRACT About 20% of the consultations in general practice related to locomotors system. Rheumatoid arthritis affects about 3% of the population. There has been a tremendous advance in this field. Rheumatoid arthritis is an inflammatory disease that exerts its greatest impact on those joints of the body that are lined with synovium a specialized tissue responsible for maintaining the nutrition & lubrication of the joints. The initial trigger for RA is unknown. There is evidence to suggest abnormalities in components of the immune system that lead to the body developing abnormal immune & inflammatory reactions, particularly in joints. These changes may precede the symptomatic onset of RA by many year.

KEYWORDS : Rheumatoid Arthritis, Deformity, Homoeopathy

RHEUMATOID ARTHRITIS, WHAT IT IS:-

Rheumatoid arthritis (RA) is an autoimmune disorder of unknown etiology characterized by symmetrical erosive synovitis & sometimes multi-system involvement¹. Most patients exhibit a chronic fluctuating course of the disease & if the disorder is left untreated, it may result in progressive joint destruction, deformity, disability and premature death.²

PATHOLOGY:-

- (1) Articular Involvement:-
 - (a) Stage of synovitis,
 - (b) Stage of destruction and
 - (c) Stage of deformity.
- (2) Extra articular involvement:-
 - (a) Rheumatoid nodules,
 - (b) Arthritis,
 - (c) Skin,
 - (d) Nerve,
 - (e) Lung & pleura,
 - (f) Anemia and
 - (g) Splenomegaly.

PRESENT DAY STATUS OF RHEUMATOID ARTHRITIS IN THE GLOBAL AS WELL AS NATIONAL MEDICAL SCENARIO:-

Rheumatoid arthritis is seen throughout the world & affects all races. The onset is most frequent during the fourth & fifth decades of life, with 80% of all patients developing the disease b/w the ages of 35 & 50. The prevalence of Rheumatoid arthritis is 0.8% of the population (Range 0.3 – 2.1%). Female: male ratio is 3:1. Before the age of 45, the female: male ratio is 6:1.

GENETIC PREDISPOSITION:-

- 1st degree relative of patients of rheumatoid arthritis comes under the vulnerable group.
- Monozygotic twins are at least 4 times more likely to be concordant for Rheumatoid arthritis than dizygotic twins.

RISK FACTOR:-

- The periods of post partum & breast feeding reported to have increased susceptibility for rheumatoid arthritis.
- Cigarette smoking (+vely for rheumatoid factor in non- RA subject).

CLINICAL PICTURE:-

- Pain, swelling & tenderness may initially be poorly localized to the joints.
- Pain in affected joints, aggravated by movement, is the most common manifestation of established Rheumatoid arthritis.
- Generalized stiffness is frequent & is usually greatest after period of inactivity.
- Joint swelling results from-Accumulation of synovial fluid.
- Hypertrophy of synovium & thickening of the joint capsule.

CONSTITUTIONAL SYMPTOMS:-

- Weakness,

- Easy fatigability,
- Anorexia &
- Weight Loss etc.

ON EXAMINATION:-

- Swelling tenderness & limitation of motion (synovial inflammation).
- Warmth is usually evident, especially of large joints such as the knee but erythema is infrequent.

SPECIFIC JOINTS:-

The typical features are symmetrical swelling of the metacarpophalangeal & proximal interphalangeal joints. These & other joints are considered to be actively inflamed if they are tender on pressure & have stress pain on passive movement or, non-bony effusion swelling.

VARIOUS TYPES OF DEFORMITIES CAN BE NOTICED:-

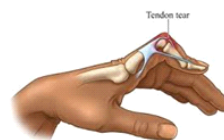
SWAN NECK DEFORMITY:-

Hyper extension of the proximal inter-Phalangeal joints & flexion of the distal Interphalangeal joints often develop in Second to fifth fingers.



BOUTONNIERE DEFORMITY:-

Flexion of proximal inter phalangeal joint with hyperextension of the distal inter phalangeal joint may occur in all joints including the thumb.



Z-Deformity

ULNAR DRIFT:-

Refers to deviation of the fingers at the metacarpo-phalangeal joint, towards, the ulnar side



PIANO KEY DEFORMITY:-

Manual compression of the ulnar styloid demonstrates up & down lonely due to damage to the radio-ulnar joint.



BENT FORK DEFORMITY:-

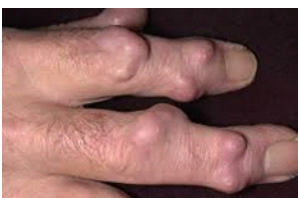
Bent fork deformity of the wrist produces a step down appearance over the dorsum of wrist. The deformity is due to the carpo-metacarpal joints.

HOLLUX VALGUS DEFORMITY:-

This deformity is medial displacement of the first metatarsal phalangeal joint & lateral deviation of the 1st toe bilaterally.



Rheumatoid nodules may develop in 20-30% of persons with Rheumatoid as thirties.



DIAGNOSIS/INVESTIGATION:-

Criteria for Diagnosis of Rheumatoid arthritis:-

Diagnosis of Rheumatoid Arthritis is made with four or more of the following :-

Criteria	Comments
(1) Morning stiffness	Duration More than 1 hour & lasting for more than six weeks.
(2) Arthritis of at least three areas	Soft tissues swelling or exudation lasting for more than 6 weeks.
(3) Arthritis of the hand joints	Wrist – MTP joints or PIP joints lasting for more than 6 weeks.
(4) symmetrical arthritis	At least one area lasting more than 6 weeks.
(5) Rheumatoid nodules	Subcutaneous nodules over bony extensor aspects.
(6) Serum Rheumatoid factor (RA)	RA is +ve in 80% cases & in 20% cases RA can be false +ve.
(7) Radiological changes	Peri-articular osteoporosis, marginal bony erosion narrowing of the articular spaces & destruction , joint deformities etc.

INVESTIGATION:-

- CBC (mild leucocytosis),
- ESR Raised,
- RA Factor +ve,
- ANA and
- -C Reactive protein +ve etc.

CO-MORBIDITY:-

- X-Ray chest P/A view / CT – Scan – ILD (Interstitial lung disease),
- Skin Biopsy – psoriatic rheumatoid arthritis,
- S.Creatinine – To assess the renal function to rule out the gravity of

- side effects of NSAIDs (Non steroidal anti-inflammatory drugs),
- FBS / PPBS, HBA1C – To rule out drug induced DMT2 as a result long use of steroids and
- S.URIC acid is to rule out any intervention of gout etc.

GOALS OF THERAPY:-

1. Pt. education,
2. Physical therapy,
3. Pharmacological agent,
4. Surgery and
5. Homoeopathic approach.

[1] PT. EDUCATION:-

Education can help you to better understand the nature of rheumatoid arthritis & cope with the challenges of this condition. Pt. Understand the long term treatment plan & prevent abuse of pain killer & steroid.

Patients should be made aware of the dangerous effect of Aceclofenac & steroid. The longer abuse produces side effect on kidney, liver & other organs.

[2] PHYSICAL THERAPY:-

(a) Pain & stiffness often prompt people with rheumatoid arthritis to become inactive unfortunately, inactivity can lead to a loss of joint motion, contraction & loss of muscle strength. (b) Physical & occupational therapy can relieve pain; reduce inflammation, & helps in preventing the pace of deformity of joint structure. (c) Specific types of therapy are used to address specific effects of rheumatoid arthritis. (d) The application of heat or, cold can relieve pain or, stiffness. (e) Ultrasound, red infra rays may reduce inflammation of the sheaths surrounding tendons (tenosynovitis). (f) Passive & active exercises can improve & maintain range of motion of the joints. (g) Rest & rest splinting can reduce joints pain & improve joint function. (h) Relaxation techniques can relieve secondary muscle spasm.

[3] PHARMACOLOGICAL AGENT:-

Several classes of drugs are used to treat rheumatoid arthritis; non steroidal anti-inflammatory drug (NSAIDS), disease modifying antirheumatic drug (DMARDS), glucocorticoids & if needed, pain medications. But there is lots of side effect.

[4] SURGERY:-

Patients with end stage rheumatoid arthritis may have pain due to joint damage rather than inflammation. In this case surgery may be recommended to replace a complete deformed joint.

HOMOEOPATHIC APPROACH IN THE TREATMENT OF RA:-

1. Disorder. Therefore no specific cause is known till now. Rheumatoid arthritis in an autoimmune disease.
2. However, the Homoeopathic approach is largely on psychosomatic character.
3. Psychosomatic character differs from individual to individual. It may be of negative stress effects of failure in business, disappointment in love, after effect of mortification, after effects of anger etc. (Kali Brom, Ignatia, Staphysagria, Colocynthis respectively).
4. Constitutional drugs on individual typology system in the most effective in treatment.
5. Palliative treatment based on localized symptom is the 2nd line approach to the case.
6. Application of appropriate Nosodes antimiasmatic drugs can only clear the recurrence of pain.
7. Antimiasmatic drugs can only deaccelerate the pace of progress of the disease there by delay the progress of reaching to the stage of Deformity. This is known to be deaccelerating the pace of progress of the disease.
8. Educating the patients, along with proper exercise, a sense of satisfaction in all aspects life & Homoeopathic medicine can influence the pt. positively.
9. Homoeopathic medicine like Curcuma longa has proven to be the best painkiller which act as Anti inflammatory drug (Clinically proven). Stellaria, Apocynum A, Actea spicata are also the drugs of choice.⁵

KENT REPERTORY:-

- Arthritic nodosities:- abrot.,agn,ant-t,APIS,arn,aur,BENZ-AC, bry.,CALC,CALC-FL,calc-p,calc-s,carb an ,caust, cic ,clem,

colch ,*dig* ,*elaps*,*fago*, *form*,*GRAPH*,*gua*,*hep*,*iod*,*kali-I*,*kali-s*,*LED*,*LITH*,*LYCO* ,*mang*,*meny* ,*nat-m*,*nux.v*,*plb*,*puls* ,*ran-b*,*rhod*,*rhust*,*sab*,*sil* ,*staph* ,*sulph* ,*sal ac* ,*urt.u.*⁷

CONCLUSION:-

RA is a crippling disorder of the small joints & in mainly of adulthood which is the productive age.

Since no effective, direct, single pharmaco-logical agent is possible, a Holistic approach to the individual case is required.

Homoeopathy fundamentally teaches to adopt “Holistic” approach in all chronic cases. Therefore Homoeopathy as a medical science is reputed to be a medical science for chronic diseases.

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