

# Role of Homoeopathic Medicine in Osteoarthritis

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## Abstract

Over the past year many studies and clinical trials have been published in the osteoarthritis field. This research is based on how osteoarthritis develop by reporting the pathophysiology, prognosis, diagnosis and its treatments. We can cure osteoarthritis using the homoeopathic law "Similia Similibus Curanter," which aids in the treatment of the disease and by finding out the miasmatic approach.

**Keywords:** Arthritis • Osteoarthritis • Homoeopathy • Similia similibus curanter • Miasmatic approach

## Introduction

Only when all of a living organism's physical components are in proper physiological condition, which is the cardinal manifestation of life, do they experience a sense of well-being. As our mentor Dr. Hahnemann properly stated, "sick is the man's total body, not a single component" [1-3].

Osteoarthritis (OA), commonly known as osteoarthrosis or Degenerative Joint Disease (DJD), is a chronic joint ailment characterised by the gradual loss of cartilage and the formation of bony spurs and cysts at the joint's borders. Osteoarthritis is derived from three Greek words that imply "bone, joint, and inflammation".

Osteoarthritis is more than a bone illness; it is a constitutional disease that requires therapy based on the symptom disorder caused by constitutional causes and the necessity for constitutional treatment for the purpose of cure, i.e. anti-miasmatic treatment on a large scale [4].

## Osteoarthritis (OA)

**Definition:** The most frequent type of arthritis is Osteoarthritis (OA). It's a type of arthritis brought on by "wear and tear" on the joints. Healthy cartilage, the firm, nubby tissue that cushions bones at joints, permits bones to glide over one another while absorbing energy from movement. Cartilage wears away and breaks down in OA, causing the bones to rub together, producing pain and swelling as well as rigidity [5].

The range of motion in afflicted joints may be limited as a result of OA. OA most commonly affects the hands, knees, hips, and spine.

OA affects both men and women in almost similar amounts. It is a prevalent condition, especially as people age. Although an injury to a

joint or overuse might cause OA when you are younger, symptoms usually appear in your 50's and 60's.

## Literature Review

### Etiology

The daily strains that the joints, particularly the weight bearing joints, are subjected to (eg. ankle, knee, hip) play a key role in the progression of osteoarthritis. Most researchers assume that osteoarthritis degenerative changes begin in the articular cartilage as a result of either severe loading of a healthy joint or very minimal loading of a previously disturbed joint. External stresses hasten the chondrocytes' catabolic actions and damage the cartilaginous matrix.

- Advancing age
- Obesity
- Trauma
- Menopause
- Muscle dysfunction
- Genetics

### Epidemiology

**Age and sex related prevalence:** Primary osteoarthritis is a prevalent condition among the elderly, and many individuals remain asymptomatic. Primary osteoarthritis affects 80%-90% of those over the age of 65. Women have a higher frequency of osteoarthritis than men among people over the age of 55. Osteoarthritis in the DIP joints of the fingers is more common in women. Women are also more likely than males to develop osteoarthritis of the knee joints, with a female to male incidence ratio of 1.7:1. With a female to male ratio of

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roughly 12:1, women are likewise more prone to erosive osteoarthritis [6].

Osteoarthritis in the hands affects 7% of males and 2% of women between the ages of 18 and 24. At the age of 55-64, 28% of men and 23% of women have signs of osteoarthritis in the knee and 23% have signs of osteoarthritis in the hip. Osteoarthritis in the knee affects 39% of men and women aged 65 to 74, while osteoarthritis in the hip affects 23% of men and women. Osteoarthritis affects roughly 100% of men and women between the ages of 75 and 79.

## Pathophysiology

The increased synthesis of proteoglycans in early osteoarthritis causes cartilage swelling, which represents the chondrocytes' attempt to heal cartilage injury. This stage is marked by hypertrophic healing of the articular cartilage and can extend for years or decades.

However, as osteoarthritis progresses, the level of proteoglycans in the cartilage decreases, causing it to soften and lose elasticity, further jeopardising joint surface integrity.

- Erosion of the damaged cartilage.
- The subchondral bone.
- Osteoarthritic cysts.

## Signs and symptoms

The following are some of the signs and symptoms of OA:

- Joint discomfort (often a deep, agonising pain) that worsens with movement and improves with rest (in severe cases, a person may experience constant pain).
- Stiffness in the morning or after spending more than 15 minutes sitting or lying down. Swelling of the joints, warming of the joints, limited range of motion, muscle weakness (caused by favouring the painful joint).
- Bony knobs growing around joints (like Heberden's nodes, which are lumps on the outermost finger joints).

## Prognosis

The prognosis of osteoarthritis is determined by the affected joints and the degree of the disease. There are currently no proven disease/structure modifying medications for osteoarthritis, hence the medication based regimen is focused on symptom treatment.

Patients with osteoarthritis who have had joint replacement have a bright outlook, with success rates of more than 90% for hip and knee arthroplasty. A joint prosthesis, on the other hand, may require revision 10 years-15 years after installation, depending on the patient's level of activity. Individuals who are younger and more active will need revisions, while the majority of elderly patients will not.

Measuring scales for the severity of osteoarthritis. In a radiology report you may see a reference to:

- Severe OA (osteoarthritis),
- Moderate OA,
- Definite minor signs of OA, possible signs of OA on the report.

The Kellgren-Lawrence grading scale is commonly used by radiologists to describe the severity of osteoarthritis. The Ahlback and Brandt grading scales are two others. The Lane scale is a secondary

grading system that determines whether or not sclerosis (abnormally hard areas on the bone) is present.

**Note:** The scales I saw were labelled as being for tibiofemoral joint osteoarthritis. I'm presuming it's the same or similar for osteoarthritis in other parts of the body, such as the spine [7].

## Diagnosis

**History and physical examination:** The pattern of joint involvement and the existence or absence of fever rash or other symptoms beyond the joints are the two most critical diagnostic indicators in the patient's history.

**Physical examination:** The doctor will examine the patient's joint by touching and moving it to assess edoema, range of motion limits, pain with movement, and crepitus (a cracking or grinding sound heard during joint movement).

Malignment with a bony enlargement (depending on the disease's severity) may occur. The majority of cases with osteoarthritis do not include erythema or warmth around the affected joints; nevertheless, an effusion, limited joint motion, or muscle atrophy around a more seriously affected joint may be present.

Heberden nodes, which represent women have palpable osteophytes in their DIP joints, whereas men do not. Inflammatory changes are usually absent, or at the very least not noticeable [8].

## Diagnostic imaging

- X-rays
- Magnetic Resonance Imaging (MRI)
- Computed Tomography scans (CT scans)

## Differential diagnosis

The following should also be considered in the differential diagnosis:

- Crystal deposition disease
- Inflammatory arthritis
- Seronegative spondyloarthropathies
- Infected joint
- Underlying mechanical pain
- Reactive arthritis

## Treatment of OA

- Medication/Supplement
- Nonsteroidal
- Paracetamol
- Glucosamine
- Steriodal/corticosteroid injection and viscosupplementation.
- Joint replacement surgery

## Homeopathic remedies for OA

### Calcarea fluor

- Indurated feeling of joints with stiffness.
- Stony hardness of joints-Nodal swelling in fingers that are hard on palpation.

- Chronic synovitis and bursitis affecting hip and knee joint.
- Sluggish temperament.
- Coldness about wrists and ankles.
- May be associated with varicose veins.
- Pain usually begins on left side Modalities>in cold wet weather and while beginning to move
- Acute attack of pain in joint usually sets after a sprain.

### **Sticta**

- Stiff, rheumatic diathesis.
- Rheumatism usually beginning in upper extremities.
- Diagonal pains.
- Soreness and stiffness in joints of neck extending to shoulders.
- Old-maid's OA of knee.
- Red spot on the affected joint.
- Associated with restlessness of hands and feet and profuse sweats on hands.
- Bursitis with cold moist limbs.
- Incessant talking-modalities>by change in temperature, movement, night<in open air.

### **Ruta**

- Bruised sore aching in all bones.
- Nodal osteoarthritis.
- Paralytic rigidity of joints weak paretic feeling in the mornings in hip, small of back, lower limbs etc.
- Deep felt pains in long bones.
- Osteoporotic changes in bones in elderly women with frequent bone fractures.
- Attributed to brittleness of bones.
- Affections of wrists and ankles-feeling of heat on skin face etc.
- Sometimes burning neuralgic pains about the joints.
- Modalities-worse by over exertion, sprains, cold wind.
- Better by motion, lying on back and warmth.

### **Bryonia**

- Right sided complaints.
- Slowly advancing osteoarthritis.
- Stitching pains in joints.
- Irritable constitutions.
- Inflammatory joint diseases affecting knee, shoulder, hips, etc.
- Associated with absolute constipation, no desire.
- Dry heat aggravates all complaints including joint pathology.
- Congestive synovitis.
- Modalities-worse by motion, stooping, exertion, morning.
- Better by rest, cool open air, bandaging, damp days, lying on painful part.

### **Belladonna**

- Acute inflammation of joints.
- Marked redness and heat over the affected joint.
- Congestive constrictive pain in joints.
- Excessive restlessness with incessant talking.
- Joint pains with spasms of muscles OA starting at young age.

- Modalities worse by heat, checked sweats, pressure, touch, movement.
- Better by light covering, rest in bed.

### **Alternative treatment**

- Patient education and psychotherapy
- Physical therapy
- Diet
- Nutritional supplements
- Naturopathy
- Traditional Chinese medicine
- Acupuncture
- Yoga

### **Homoeopathic approach**

Hahnemann had a lot of success healing acute illnesses (that illness that comes on suddenly and leaves just as quickly such as flu, cold, headaches, sprain, diarrhea, constipation, insomnia, etc). Even though his success rate was probably 95% or more (as is typical of competent homoeopathic practitioners dealing with acute sickness), he discovered that he was addressing these acute illnesses in the same patient on a regular basis.

Hahnemann looked back on decades of treating patients with homoeopathic remedies in a wide range of conditions. He also looked back over a thousand years of history and came to the conclusion that all humans are affected by an underlying disease. This underlying ailment can make treating the more visible sickness nearly impossible. Hahnemann spent the following 15 years accumulating research and clinical therapy in order to figure out what was causing this underlying ailment, which he called "miasm." Miasm is most easily characterised as "pollution"; a base pollution to a living entity that causes chronic as well as acute sickness [9].

## **Discussion**

As a result, Hahnemann looked at sickness treatment from two angles. One was the treatment of acute illness that may or may not have been caused by an underlying miasm but was certainly caused by one.

### **Miasmatic approach**

Hahnemann found that there were three basic miasm common to most if not all people. They are as follow:

- Psoric (psora) disease, also known as "itch" disease. According to Hahnemann, it is the mother of the miasms and affects all living things on the planet. It is passed from person to person by skin contact (often mother to child). Constipation (often alternating with diarrhoea), psoriasis, wide ranging itching, burning ailment, leprosy, and other skin related symptoms are all linked to the psoric miasm. It's characterised by ailments that aren't working properly (hypo).
- Syphilitic also known as "chancre sickness." Suppressed syphilis causes it, and it is carried down down the generations. It can be caused by an uninherited primary infection that is controlled by antibiotic treatment. Ulcerations of all kinds, gangrene, insanity,

sterility, premature death, heart disease, suicide, destructive cancer, and ulcers of the ear, nose, urinary organs, and mouth are only a few of the diseases linked to the syphilitic miasm. Self-destructive habits and illnesses characterise it.

- Sycotic (sycosis) disease, often known as "figwart disease." It's caused by untreated gonorrhoea and passed down the generations. It can be caused by an uninherited primary infection that is controlled by antibiotics. Abortion, anaemia, appendicitis, pelvic disease, haemorrhoids, prostatitis, kidney swelling, gout, arthritis, asthma, eczema, rheumatism, warts, and other urinary disorders are all linked to the sycotic miasm. Rest moles on the belly and/or figwarts are common symptoms (clusters). Overfunctioning illness is a symptom of it (hyper).

### Role of miasm in osteoarthritis

Sycotic is caused by gonorrhoea (a common sexually transmitted infection) that is repressed and passed down to the next generation. It can be caused by an antibiotic suppressed original infection (not hereditary). Abortion, anaemia, appendicitis, pelvic disease, haemorrhoids, prostatitis, kidney swelling, gout, arthritis, asthma, eczema, rheumatism, warts, and other urinary disorders are all linked to the sycotic miasm. Rest moles on the belly and/or figwarts are common symptoms (clusters). Overfunctioning illness is a symptom of it (hyper) [10].

#### Sycotic miasm properties

- Sycosis is characterised by infiltrations, indurations, and excessive development.
- **Physical characteristics:** Sycosis is associated with heavy bones, water retention, tissue overgrowth, and slowed metabolism.
- Sycosis temperaments are harsh realists who are cynical, secretive, pessimistic, distrustful, and possess set notions and underlying self-disgust.
- **Pain:** Sycosis pains are strong, spasmodic, crampy, and colicky all at the same time.
- **Skin:** Sycosis skin has warts, moles, growths, flecks, dark discolorations, and excessive hair growth.

## Conclusion

This investigation looked at 30 cases with osteoarthritis over the course of a year. According to the discussion, gout is more common in people between the ages of 50 and 60. There were 23 cases that

were eased, and six cases that were improved. After homoeopathic treatment, one patient became worse. Most of the symptoms of osteoarthritis are covered by homoeopathy. The miasmatic study revealed that psora-sycosis was the most common miasm in the background in the majority of instances. After conducting this gout research, I came to the conclusion that no other therapeutic modality is more effective in the treatment of osteoarthritis than homoeopathy.

In a patient with gout, a well chosen homoeopathic treatment can successfully and safely ease walking difficulties. As a result, a well chosen homoeopathic remedy can be preferable in every manner to other medical systems in the treatment of osteoarthritis.

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