

## A REPERTORIAL INDEX ON

### RHEUMATOID ARTHRITIS

**Key Words:** Polyarthritis, stiffness, deformity, rheumatic nodules, serum rheumatoid factors, leucocytosis, E.S.R.

#### **SUMMARY :**

44 cured cases Rheumatoid arthritis were studied in the project. A diagnostic criteria was developed, with a definite parameter to assess the result. The reliable indication of frequently appearing drugs like Medorrhinum, Sycotic compound, Rhus.tox, Bryonia.alb., and pulsatilla were brought out. Common reliable indications and specific indications were taken for preparing a repertorial index. This developed index is a model work for the disease Rheumatoid arthritis.

#### **INTRODUCTION**

Rheumatoid arthritis is a commonest form of chronic inflammatory joint disease.

It presents itself mostly in the form of symmetrical, destructive and deforming polyarthritis with associated systemic disturbances and circulating antiglobulin antibodies (R.A.Factor)

Rheumatoid arthritis occurs throughout the world but western and urban communities have more severe and disabling disease. 1% of caucasian population is affected with a female to male ratio of 3:1. The disease starts mostly between third to fifth decade but no age group is exempted. With an overall annual incidence of new cases of about 0.8%, 5% of women and 2% of men over the age of 55 years are affected.

Genetics plays an important role in aetio-pathogenesis of disease but an exact cause of the disease is still unknown. It has been suggested Rheumatoid arthritis might be a manifestation of the response to an infectious agent in a genetically susceptible host.

The earliest changes are congestion and swelling of the synovial membrane and underlying connective tissue which becomes infiltrated with lymphocytes (espl. CD4T cells) plasma cells and macrophages. Effusion of synovial fluid into the joint space takes place during active phase of the disease. Hypertrophy of synovial membrane occurs with the formation of lymphoid follicles resembling an immunologically active lymph node. Inflammatory granulation tissue is formed, spreading over and under the articular cartilage which is progressively corroded and destroyed. Muscles adjacent to inflamed joints may atrophy and there may be focal infiltration of lymphocytes.

Disease starts insidiously in 70% cases and acutely in 15% cases and in 10% cases there is systemic involvement and pallindromic in 5% cases. Disease is progressive in nature and may result in muscle atrophy, tendon seath joint destruction that causes limitation of joint motion, joint instability, subluxation and deformities. At first deformities are correctable but later permanent contractures develop and joints may become completely disorganised.

#### **COMMONLY OCCURRING DEFORMITIES ARE:**

1. Flexion contracture of small joints of hand and foot, knee, hip & elbow.
2. Anterior subluxation of metacarpophalangeal joint with ulnar deviation of

fingers.

3. SWAN NECK DEFORMITY (hyperextension of the proximal interphalangeal joint and fixed flexion at the distal interphalangeal joint).
4. BOUTONNIERE or BOTTON HOLE DEFORMITY (fixed flexion of proximal interphalangeal joint and extension of the terminal interphalangeal joint).
5. J deformity of the thumb.
6. Dorsal subluxation of ulnar styloid of wrist is common.

**Extra-articular features** include anorexia, weight loss, lethargy, myalgia, fever, fatigue, susceptible to infections etc.

Disease may also cause derangement of various systems like:

- Scleritis and episcleritis in eye
- Pericarditis, pericardial effusion and cardiovascular involvement
- Raynaud's phenomenon may also occur throughout the course of the disease as well as in the prodromal period.
- Entrapment neuropathy, peripheral neuropathy, mononeuritis multiplex and cervical cord compression are common neurological manifestation.
- Septic arthritis and amyloidosis are common complications. (7)

The aetiology of the disease is unknown but due to technological advancement, the diagnosis has become more precise and accurate by increased number of serological and chemical tests.

Despite the proper diagnosis, the disease Rheumatoid arthritis is posing various problems in the field of medicine. It disables innumerable victims inspite of wide ranging effective therapeutic measures.

Now to facilitate the prescriber it is felt necessary to prepare an index from the mostly appearing symptoms and with mostly appearing common drugs. Therefore, a retrospective study was undertaken with 44 cured cases of author's practice with following aims and objectives.

#### **AIMS / OBJECTIVES :**

1. To identify most effective drug(s) with their frequency.
2. To find out their reliable indications
3. To prepare a repertorial index

#### **METHODOLOGY:**

Diagnostic criteria for determination of the cases of rheumatoid arthritis were as follows.

- a. Morning stiffness for more than one hour
- b. Arthritis of three or more joints
- c. Arthritis of hand joints.
- d. Symmetrical arthritis
- e. Rheumatoid nodules
- f. Serum rheumatoid factor

g. Radiological changes.

**N.B.:** Four or more out of seven are more than sufficient to diagnose a patient suffering from rheumatoid arthritis. There will be increased E.S.R., Leucocytosis etc.

For collection of response the following parameters were observed:

**1. Positive response**

- a. Cure – Disappearance of symptoms for more than five year.
- b. Improvement –
  - Marked – Disappearance of symptoms for more than three years but less than five years
  - Moderate – Disappearance of major symptoms and capacitating a person to do normal work.
  - Mild – Disappearance of few symptoms and diminution of magnitude of symptoms.

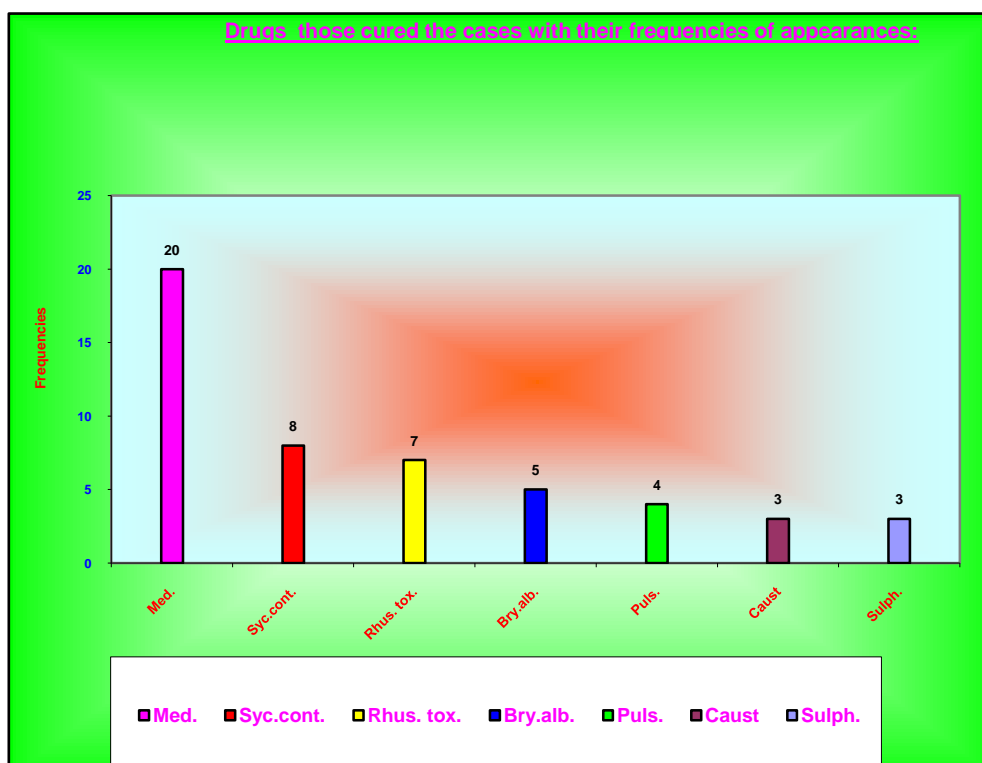
**2. Negative response**

- a. No improvement – There is no improvement even after sufficient period of treatment.
- b. Dropped out – Patient did not stick to treatment for sufficient period of time.

**Results:**

Drugs those cured the cases with their frequencies of appearances:

Name of the drugs	Med.	Syc.co.	Rhus. tox.	Bry.alb.	Puls.	Caust.	Sulph.
Frequencies	20	8	7	5	4	3	3



## **RELIABLE INDICATIONS OF THE ABOVE DRUGS:**

### **Medorrhinum:**

Irritable (15), Forgetful (14), Hot patient (17), Likes sweet (13), Likes salt (12), Ravenous appetite (11), Profuse thirst (11), Burning palms and soles (11), Joint pain < cold (11), joint pain / stiffness < first motion (11)

### **Sycotic compound:**

Irritability (6), Fear of dark (5), Intolerance of egg (5), Sweating from head (5), Joint pain < damp cold weather (5), Joint pain / stiffness < first motion (5), Susceptible to cold (5)

### **Rhus toxicodendron:**

Restlessness (6), Thirst-profuse with dry tongue (6), Joint pain < rest (6), Joint pain < cold (6), stiffness < rest (6), Joint pain / stiffness < first motion (6), Fever < night (5).

### **Bryonia alb.:**

Irritable (5), Hot patient (5), Thirst-profuse with dry tongue (5), Bitter taste in mouth (5), Constipation without desire (5), Joint pains / stiffness < motion (5)

### **Pulsatilla:**

Emotional (4), Weeping disposition (4), Thirstless with dry tongue (4), Bitter taste in mouth (4), Fever < evening (4), Joint pain / stiffness < first motion (4), Joint pain / stiffness < cold (4).

## **COMMON SYMPTOMS OBTAINED FROM ABOVE DRUGS:**

1. Irritability
2. Joint pain < cold, damp weather
3. Joint < first motion, rest
4. Joint pain with stiffness
5. Thirst – profuse except Pulsatilla
6. Dry tongue
7. Bitter taste in mouth.

## **SPECIFIC SYMPTOMS:**

### **Mederrhinum:**

1. Forgetfulness
2. Hot patient
3. Desire for sweet
4. Desire for salt.
5. Ravenous appetite
6. Thirst profuse
7. Burning of palms and soles

**Sycotic compound:**

1. Fear of darkness
2. Intolerance to eggs
3. Sweat over head

**Rhus tox.**

1. Restlessness
2. Fever < night

**Bryonia alba.**

1. Hot patient
2. Constipation without desire
3. Fever < night

**Pulsatilla.**

1. Emotional
2. Weeping disposition
3. Thirstlessness with dry tongue
4. Fever < evening

It is observed from the reliable indications of symptoms of the drugs obtained from cured cases of Rheumatoid arthritis that, many symptoms are common symptoms among them and there are symptoms specific to individual drugs.

All common symptoms to drugs and specific symptoms of the drugs are taken together and totality for Rheumatoid Arthritis is prepared excluding physical and mental generals as they are viable. The details are delineated below:

**REPERTORIAL TOTALITY / RUBRICS OF RHEUMATOID ARTHRITIS****Symptoms covered**

Swelling of joints  
Stiffness of joints  
Pain in joints  
Fever  
Anaemia  
Wasting of muscles  
Fatigue  
Lymphadenopathy  
Splenomegaly

**Repertorial Rubrics**

[Extremities] Swelling: Joints  
[Extremities] Stiffness  
[Extremity pain] Joints  
[Fever, Heat] Heat in general  
[Generalities] Anaemia  
[Generalities] Emaciation  
[Generalities] Weakness  
[Generalities] Inflammation: Glands, adenitis  
[Generalities] Inflammation, peritonitis, enteritis, Spleen

Osteoporosis	[Generalities] Softening : Bones
Deformity	[Locomotor system] Joints: Inflammation (arthritis)-acute: Chronic (arthritis deformans)
Rheumatic nodules	[Locomotor system] Joints:Nodosities
Morning stiffness	[Extremities] Stiffness: Morning

All the above symptoms were repertorised and a repertorial index is prepared which is as follows:

#### REPERTORIAL INDEX OF RHEUMATOID ARTHRITIS

DRUGS	1	2	3	4	5	6	7	8	9	10	11	12	13
Med.	3	3	2	2	1	1	2	2	2	2	1	3	1
Syc.com.	3	3	3	1	2	2	2	1	1	2	2	3	3
Rhus tox.	2	3	3	3	2	2	3						1
Bry.alb.	2	3	3	3	2	2	2	2	2				
Puls.	2	2	3	3	3	2	2			2	3		
Caust.	1	3	2	1	2	2	2				2	3	
Sulph.	3	3	2	2	3	3		1	2	2	2		
Calc. carb.	2	2	2	2	3	3	3	3		3	2	2	
Ars.alb.	2	3	2	3	3	3	3	1	1		3		
Lyco.	2	3	2	3	1	3	2			2	2	3	
Bell.	3	2	2	3	2	2	1	3	1	2			
Phos.	1	2	2	3	3	3	3			2			2
Iod.	1	1	2	2		1	3	3		1	1	3	2
Arn.	2	1	3	3	2	1	3	1	2	2			
Apis.	2	2	2	3	2	2	3	2	2				
Chin.	1	2	2	2	3	3	3		3				1
Colch.	3	2	2	2	1	2	3				2	3	
Sil.	1	3	2	3	1	3	3		1	3			

## **CONCLUSION:**

1. Prepared Repertorial Index is a readymade repertory on rheumatoid arthritis.
2. It is handy to use by busy practitioners
3. This can be widened incorporating more drugs which are found to have cured cases in practice
4. Medorrhinum and sycotic co. are not found in Repertorial index because these two drugs are not well presented in Repertories
5. This is an approach to confirm our citadel of Materia Medica by approaching from practice to concept
6. Many more such repertorial indices can be prepared for other clinical conditions.

## **BIBLIOGRAPHY**

1. ASMT HOSSIAN, SURAIYA HOSSAIN Principles of Practice of medicine.
2. 5,7- EDWARDS C.R.W., BAUCHIER I.A.D., HASTLETT C., CHILVEN E.R. Davidson's Principles and practice of medicine, 17<sup>th</sup> edition 888, 889
3. SAINANI G.S., Editor in Chief, JOSHI V.R., CHUSH K.S., ANAND M. PAUL, A.P.I. Text book of medicine, 5<sup>th</sup> edition 1105.
4. 8, HARRISON'S, FAUCI, BRAUNWALD, ISSELBACHER, WILSON, MARTIN, KASPUR, HAUSER, LONGO, Mc. Graw hill, Principles of internal medicine, 14<sup>th</sup> edition Vol.2, 1880, 1881.
5. MEHTA p.j. Practical Medicine, 12<sup>th</sup> edition.

