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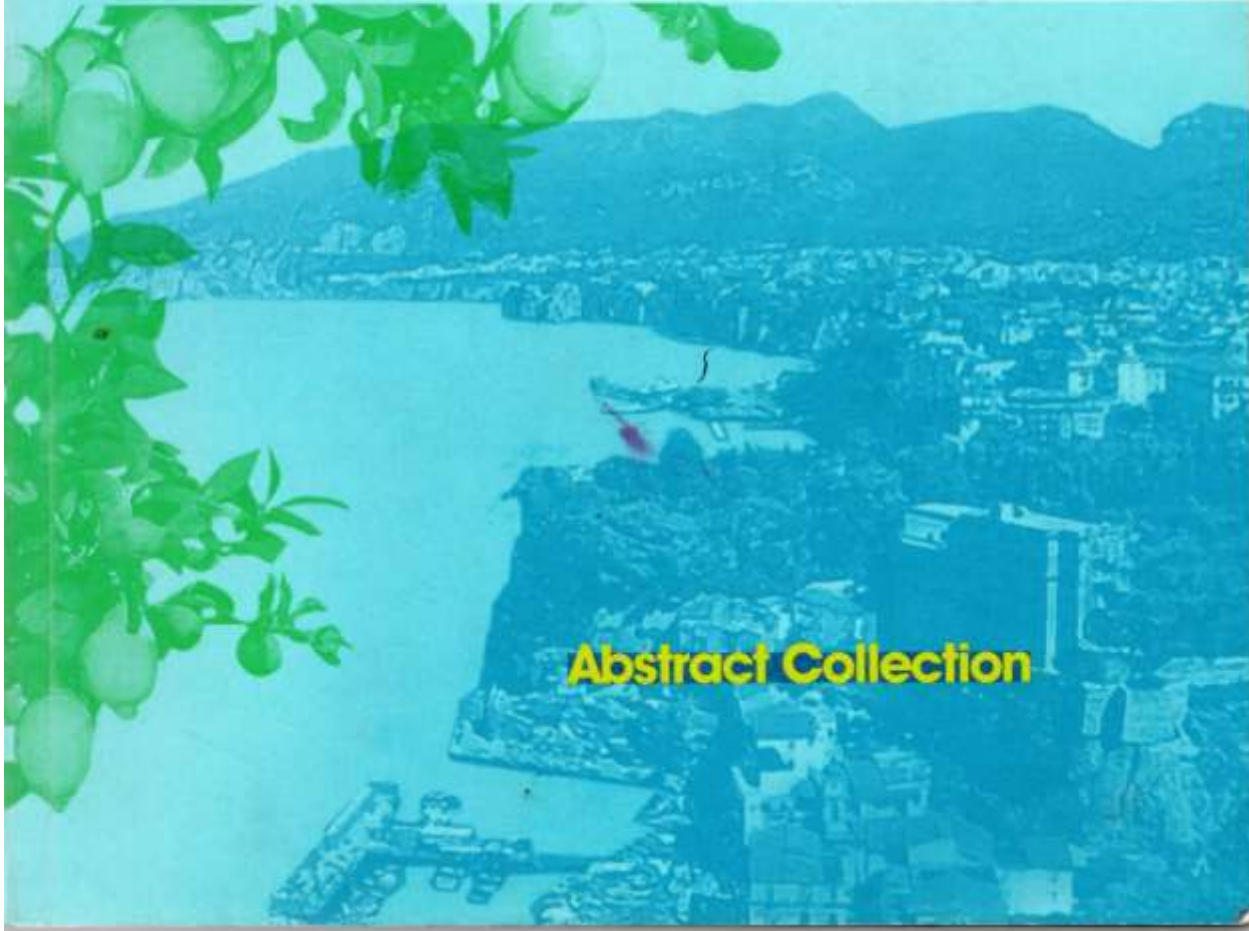
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# HOMEOPATHY

the medicine of the future  
from the ancient heart

similarity at any level of knowledge



**Abstract Collection**

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## A case study on rheumatoid arthritis

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### BACKGROUND

Rheumatoid arthritis (RA) is a long-term autoimmune disorder that primarily affects joints. It typically results in warm, swollen, and painful joints. Pain and stiffness often worsen following rest. Most commonly, the wrist and hands are involved symmetrically. The peak onset age is  $50 \pm 15$  years. The prevalence ratio in female: male is 3: 1. Prevalence of RA in older women is about 5 %. Genetic contribution is seen in 30% to 60%. The HLA-DR4 allele in Caucasians is associated with a relative risk of almost 4 for RA. It starts as a vague pain with gradual appearance without the classic symptoms of joint swelling/tenderness/morning stiffness. Affection for small joints, symmetric pattern of involvement and positive compression test are highly suggestive of RA. For this study, a case of rheumatoid arthritis was taken and treated as per guidelines of homoeopathic treatment and the result was analyzed to access the efficacy of homoeopathy in the treatment of rheumatoid arthritis.

### MATERIALS AND METHODS

The case of a 38 years old female was taken for the study. The patient presented with pain, swelling, stiffness and deformity in multiple joints for 7 years. She also complained of itching and cracking of palms and soles. Detailed case taking was done. The presenting complaints along with location, sensation, modality & concomitant were clearly obtained. Then treatment history, H/O presenting complains, past history, family history, personal history, physical generals and mental generals were collected. Finally physical examinations & laboratory investigations were done and the case was diagnosed nosologically to be a case of "Rheumatoid arthritis". In the given case of disease, RA factor and C-reactive protein were positive and ESR was high. Miasmatic assessment was done & it was found to be a case of "mixed miasmatic disease with preponderance of psoric miasm". Step by step procedure was followed from Analysis of symptoms, Conceptual image, Analysis of the case/Synthesis of the case, Evaluation/Repertorial totality to arrive at a "Totality of symptoms". The case was repertorized and Pulsatilla evolved as the drug of choice. Thereafter, materia medica was duely consulted and Pulsatilla was prescribed in 50 millesimal scale; Pulsatilla 0/1, 2 ounces, divided into 16 doses, twice daily for 8 days, followed by Pulsatilla 0/2,

0/3, and 0/4 in the similar manner. The patient was followed up at about 1 month interval for 1 year. At the first follow-up, Pulsatilla 0/5 to 0/8 was prescribed and then Pulsatilla 0/9 to 0/12, in the subsequent follow-up, as the patient was improving. At the 3rd follow up, there was aggravation of few symptoms and few new symptoms were observed and hence, the case was rebuilt with new totality & repertorization was done. Petroleum 200(4 doses, 6 hourly) was prescribed as intercurrent remedy based on the present symptoms and the miasmatic background, followed by Bryonia alba 0/1 to 0/4 (2 oz, 16 doses, twice daily). In the subsequent two visits, the patient was showing improvement and hence Bryonia was continued from 0/5 to 0/12 in the similar manner. At the next visit, improvement was stand still and hence *Medorrhinum* 1M (1oz, 4doses, 6hourly) was prescribed as intercurrent remedy, keeping in mind the miasmatic background of the patient and then Bryonia was continued from 0/13 to 0/24(2oz, 16doses, b.d.). Finally, Sulphur 200, 1 dose as an anti-psoric as per miasmatic treatment principle was given as the finishing dose. The patient's consent was obtained for publishing the case.

#### RESULT

Although rheumatoid arthritis is an autoimmune disease, and it is very difficult to cure, but in this case of RA, proper homoeopathic treatment, not only relieved the complaints, but also cured the case completely.

#### CONCLUSION

Rheumatoid arthritis can be fully cured with the help of individualized constitutional homoeopathic treatment if the totality of symptoms is formed properly and symptomatic as well as anti-miasmatic medicine is given. The result of this case was inspiring, but since this refers to a single case, it is necessary to conduct further RCTs with suitable sample size for more generalized conclusion about the efficacy of homoeopathy in RA.

#### KEYWORDS

Rheumatoid arthritis, autoimmune disease, Homoeopathy, Totality, Pulsatilla.

## A CASE STUDY ON RHEUMATOID ARTHRITIS

Niranjan Mohanty<sup>1\*</sup>

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### ABSTRACT

#### **BACKGROUND:**

Rheumatoid arthritis (RA) is a long-term autoimmune disorder that primarily affects joints. It typically results in warm, swollen, and painful joints. Pain and stiffness often worsen following rest. Most commonly, the wrist and hands are involved symmetrically. The peak onset age is  $50 \pm 15$  years. The prevalence ratio in female: male is 3: 1. Prevalence of RA in older women is about 5 %. Genetic contribution is seen in 30% to 60%. The HLA-DR4 allele in Caucasians is associated with a relative risk of almost 4 for RA .It starts as a vague pain with gradual appearance without the classic symptoms of joint swelling/tenderness/morning stiffness. Affection for small joints, symmetric pattern of involvement and positive compression test are highly suggestive of RA. For this study, a case of rheumatoid arthritis was taken and treated as per guidelines of homoeopathic treatment and the result was analyzed to access the efficacy of homoeopathy in the treatment of rheumatoid arthritis.

#### **MATERIALS AND METHODS:**

The case of a 38 years old female was taken for the study. The patient presented with pain, swelling, stiffness and deformity in multiple joints for 7 years. She also complained of itching and cracking of palms and soles. Detailed case taking was done. The presenting complaints along with location, sensation, modality & concomitant were clearly obtained. Then treatment history, H/O presenting complains, past history, family history, personal history, physical generals and mental generals were collected. Finally physical examinations & laboratory investigations were done and the case was diagnosed nosologically to be a case of "Rheumatoid arthritis". In the given case of disease, RA factor and C-reactive protein were positive and ESR was high. Miasmatic assessment was done & it was found to be a case of "mixed miasmatic disease with preponderance of psoric miasm". Step by step procedure was followed from Analysis of symptoms, Conceptual image, Analysis of the case/Synthesis of the case, Evaluation/Repertorial totality to arrive at a "Totality of symptoms". The case was repertorized and Pulsatilla evolved as the drug of choice. Thereafter, materia medica was duely consulted and Pulsatilla was prescribed in 50 millesimal scale followed by Bryonia alba in same scale as chronic remedies. The patient's miasmatic background was kept in mind during treatment. Necessary intercurrent remedies such as Petroleum 200 and Medorrhinum 1m were prescribed as and when required. Finally, Sulphur 200, 1 dose as an anti- psoric as per miasmatic treatment principle was given as the finishing dose. The patient's consent was obtained for publishing the case.

**RESULT:** Although rheumatoid arthritis is an autoimmune disease, and it is very difficult to cure, but in this case of RA, proper homoeopathic treatment, not only relieved the complaints, but also cured the case completely.

**CONCLUSION:** Rheumatoid arthritis can be fully cured with the help of individualized constitutional homoeopathic treatment if the totality of symptoms is formed properly and symptomatic as well as anti-miasmatic medicine is

given. The result of this case was inspiring, but since this refers to a single case, it is necessary to conduct further RCTs with suitable sample size for more generalized conclusion about the efficacy of homoeopathy in RA.

**KEYWORDS:** Rheumatoid arthritis, autoimmune disease, Homoeopathy, Totality, Pulsatilla

### **INTRODUCTION:**

Rheumatoid Arthritis (RA) as a chronic progressive systemic autoimmune disease with hallmark of chronic erosive polyarthritis is the most common inflammatory articular disorder. Its overall prevalence is 1% and it is more common in middle to old aged women. Arthritis of peripheral synovial joints can be seen in almost all patients with RA. Chronic symmetric oligo/polyarthritis with especially small joints involvement of hand along with prolonged morning stiffness is the predominant feature of RA <sup>[1]</sup>.

A patient with inflammatory arthritis may pass several stages from the onset of arthritis to a specific form of rheumatic diseases such as RA <sup>[2]</sup>. The first phase is the period leading up to the onset of arthritis. The second is the period during which persistence or remission is determined. The third and the fourth phases are the evolution into specific form of inflammatory arthritis and the outcome/severity of that arthritis. In some patients, these four phases follow in rapid sequences whereas in other patients the time course may prolong and continue for several months or years. Different genetic backgrounds and environmental factors or treatment can affect the various evolutionary phases of arthritis and alter the natural history of initial inflammatory arthritis <sup>[3,4]</sup>.

Many rheumatic conditions can be diagnosed or suspected based on taking history and physical examination. Clinical findings are also the mainstay in selecting appropriate diagnostic laboratory tests requested for confirmation of RA or ruling out other rheumatic diseases <sup>[5]</sup>.

Presence of some clinical features such as polyarthritis, symmetric arthritis, hand arthritis, pain upon squeezing the metacarpophalangeal or metatarsophalangeal joints, and morning stiffness greater than 30 minutes can be helpful not only in estimating the future course of arthritis but also in limiting the spectrum of differential diagnosis. Identification of all involved joints by precise clinical examination is essential. Counting the tender and swollen joints, and calculation of disease activity score are logical methods for the determination of disease severity and response to treatment <sup>[6]</sup>.

Abnormal values of the laboratory tests are the most typical features of RA. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) provide the best information about the acute phase response. The level of CRP was shown to be significantly correlated with the severity of disease as well as radiographic changes <sup>[7]</sup>.

Auto antibodies such as RF and anti-CCP are very helpful for the diagnosis of RA. Anti-CCP antibody demonstrated a comparable sensitivity but a greater specificity than RF for the diagnosis of RA <sup>[8,9]</sup>.

We know that Rheumatoid Factor (RF) has been the famous autoantibody in RA for many years. It can be seen in many other rheumatologic and non-rheumatologic diseases and even in normal population. Now-a-days Anti-cyclic citrullinated peptide (Anti-CCP or ACPA) is the most specific autoantibody in RA with specificity of more than 95%. High titer RF or Anti-CCP and both RF and Anti-CCP positivity are serologic hallmarks of RA. It is well documented in the literature that the serum-levels of RF and Anti-CCP increase years prior to establishment of RA diagnosis. Also simultaneous presence of RF and Anti-CCP in the serum of an individual was highly specific for development of future RA <sup>[10]</sup>. Negative RF or Anti-CCP can be seen in 20% to 30% of cases with RA and both RF and Anti-CCP negativity can be seen up to 50% of cases in initial presentation and up to 20% in the course of RA <sup>[11]</sup>.

Considering the genetic background, it is estimated that the genetic contribution to RA ranges between 30% and 60%. The presence of HLA-DR4 allele in Caucasians is associated with a relative risk of almost 4 for RA <sup>[12]</sup>.

Smoking, as the most important environmental factor for RA, is associated with the risk of developing RA with the odds of 3 times for future RA in smokers compared to non-smokers <sup>[13]</sup>.

Radiographic signs of RA such as joint space narrowing, erosions and subluxation develop at later stage of RA process. Plain radiography is the standard method in investigating the extent of anatomic changes in RA patients. However, there are few data regarding the value of conventional radiographic examination in recent-onset arthritis. Synovitis is the early findings of RA and is a strong predictor of bone erosion. Soft tissue swelling and mild juxtaarticular osteoporosis may be the initial radiographic features of hand joints in early – RA <sup>[7]</sup>.

In contrast sonography and MRI are more sensitive and seem promising but can be used in a limited centers, Sonography is a reliable technique that detect more erosion than radiography especially in early RA <sup>[14]</sup>.

### **CASE STUDY:**

On 04-07-13 Mrs Soubhagya laxmi ojha, Female; Hindu, married, aged about 38 yrs consulted us with complaints of multiple joint pain, swelling & stiffness in the morning for 7yrs, which was agg. on exposure to cold along with deformity of jts. She also had itching eruptions & cracks of palms & soles which was agg. in winter season. She had past history of Chicken pox and Measles; her father had Hypertension & DM type-II. First she had resorted to Allopathic, then Ayurvedic system of medicine, but got no considerable relief. She had the following symptoms: Reacts severely to both hot and cold climate and catches cold easily(+++), Desire for sweet(+++) ,salt(++),cold food(+++), bitter(+++),Aversion to sour(+++),spicy food(++),Intolerance to spicy food(+++), fatty food(+++), thirstlessness with dry tongue (+++), perspiration profuse from head(+++),Mentally she was Irritable(+++),Fastidious(++),fear of being alone(+++),company desire(++),consolation > (+++). Timidity(+),Weeping tendency(+),Consolation >(+),Fear of evening(+),Wt.-75 k.g. ,BP-120/70mm of Hg,Pulse-76/Minute ,CRP(+),22.2mg/dl,RA-factor(+ve),ESR-64mm,ASO-36.6 lu/mm&Uric acid 3.30mg/dl.



<b>Patient's Name</b>	: MRS SOUBHAGYALAXMI OJHA	<b>Age/Sex</b>	:38Years/Female
<b>Patient's ID</b>	: 18238757 Perm ID32937	<b>Date</b>	:04-july.-2013 09:10
<b>Referred By Dr.</b>	: NIRANJAN MOHANTY	<b>Reporting Dt.</b>	:04-july-2013 06:30

**HAEMATOLOGY**

<u>Investigation</u>	<u>Result</u>	<u>Units</u>
Serum uric acid	3.30	mg/dl male(3.5-8.5)mg/dl Female(2.5-6.2) mg/dl
Anti-streptolysin O (ASO)	36.8	Iu/ml (<116.0Iu/ml)
CRP(C-Reactive protein) (By Nephelometry)	22.2	<8.0mg/L
E.S.R.	64	mm falls in 1 <sup>st</sup> hour(westergren's)
R.A. factor	positive (+ve)	

**Dr. Manas R Boisakh**  
MD(Path),PDCC(Oncopath)  
Consultant Histopathologist

Checked By  
Sample supplied / Collected in Lab

Page 1 of 3

This report is not valid for medico-legal purposes

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A unit of Rajaji Medicare Pvt Ltd.

**1. ANALYSIS OF SYMPTOMS:**

Location	Sensations	Modalities	Concomitants
Elbow & Shoulder & Wrist jts.	Swelling & sore pain	<Cold >Warmth	Stiffness in the morning

Palms & Soles	Cracked & Itching	<Winter season	
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## 2. CONCEPTUAL IMAGE:

(It means to form an image/semblance by this the symptoms scattered here & there are brought to one place under the following headings, making further work easier.)

1. UNEXPECTED DEVIATION : Thirstlessness with dry tongue

2. CAUSATION: past history of measles & chicken pox.

3. GENERAL:

A) MENTAL: Irritable(+++), Fastidious(+++), Fear of being alone(++), Consolation amel(++), Desire Company(++), Timidity(+), Weeping tendency(+), Fear of evening(+).

B) PHYSICAL GENERAL: Reaction to both heat and cold(+++), easily catches cold. Desire: Sweet(+++), cold food(++), salt(++), bitter(++), Aversion: Sour(+++); Spicy food(+++) , Intolerance: Spicy(+++); fat(+++) , Thirstless with dry tongue(+++).

C) PATHOLOGICAL GENERAL: Rheumatoid arthritis. Cracked skin.

4. CHARACTERISTIC PARTICULAR:

Swelling & soreness of the jts <cold>warm, associated with morning stiffness.

5. COMMON PARTICULAR:- Cracked palm & sole associated with itching <winter season .

**3. ANALYSIS OF THE CASE/SYNTHESIS:** ( It means to select the important symptoms. At this stage, the unimportant & vague symptoms are deleted.)

Thus in synthesis of this case we remove H/O of chicken pox & measles from causation as it does not clearly signify. Company desire; fear of ghost, thunderstorm are excluded due to less magnitude of symptoms. So the synthesis of the case is written as follows—

1. UNEXPECTED DEVIATION: Thirst less with dry tongue(+++)

2. CAUSATION: xx

3. MENTAL GENERALS: Irritable(+++), fastidious(+++), fear of being alone(++), consolation > (++) Timidity(+), Weeping tendency(+), Consolation > (++) , Fear of evening(+)

4. PHYSICAL GENERALS: Reacts severely to both hot and cold climates(+++), easily catches cold, Desire for cold food(++), sweet(+++), bitter(+++), salt(+++), Aversion: sour(++), spicy food(+++), intolerance to spicy & fat food(+++).

5. PATHOLOGICAL GENERAL: Rheumatoid arthritis,

6. CHARACTERISTICS PARTICULAR: Swelling & soreness of the joints <cold>warm, associated with morning stiffness.

7. COMMON PARTICULAR: Cracked palm & sole associated with itching <winter season .

## 4. EVALUATION/ TOTALITY OF SYMPTOMS:

Thirst less with dry tongue, 2. Irritable, 3. Timidity, 4. Weeping tendency, 5. Consolation >, 6. Fear of evening, 7. Fear of being alone, 8. Fastidious, 9. Reacts severely both the climate., 10. Easily catches cold, 11. Desire for sweet, salt, bitter, 12. Aversion: sour; spicy, 14. Intolerance: spicy; fat, 15. Rheumatoid arthritis, 16. Swelling & soreness of the joints <cold>warm, associated with morning stiffness 17. Cracking of palms & soles associated with itching.

**5.MIASMATIC DIAGNOSIS:**

SYMPTOMS	PSORA	SYPHILIS	SYCOSIS
1.Thirstless with dry tongue	Green	White	White
2.Irritable	Green	White	Red
3.Timidty	Green	White	White
4.Weeping tendency	Green	White	White
5.Consolation >	Green	White	White
6.Fear of evening	Green	White	White
7.Fear of alone	Green	White	White
8.Fastidious	Green	White	White
9.Reacts severly both the climate.	White	White	Red
10. Easily cathes cold	Green	White	White
11.Desire for salt	White	Yellow	White
12.Desire for bitter	White	Yellow	White
13.Aversion to fat	Green	White	White
14.Deasire for sweet	Green	White	White
15Aversion to sour	Green	Yellow	White
16.Intolerance to spicy	Green	White	White
17.Rheumatoid arthritis	Green	White	Red
18.Swelling & soreness of the jts <cold>warm, associated with	Green	White	Red
19. Cracked palm & sole associated itching	Green	White	Red

Hence it is a mixed miasmatic disease with preponderance of psoric miasm<sup>[15]</sup>.

**6.NOSOLOGICAL DIAGNOSIS:**

Multiple jt. Pain with swelling & morning stiffness, Especially wrist, elbow joints, with RA factor (+ve),CRP(+ve),22.2mg/l,ESR-64mm 1<sup>st</sup> hr.

So it is a case of RHEUMATOID ARTHRITIS.

**REPERTORIZATION:** The totality of symptoms was taken for repertorization.



**REPORTORIAL SHEET**

**Repertorisation Table**

Patent Name : A08. SAUBHAGYALAKSHI GUHA      Reg. No. : 7387      Rep. Date : 04/07/2013

	Puls	Sulph	Cal	Nux	Nat	Pre	Sec	Lyc	Rhus	As	Caust	Graph	Alum	Salic	Op
<b>Symptoms Covered</b>	<b>37</b>	<b>20</b>	<b>22</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>23</b>
[C] Mouth/Dryness Tongue/Throat, without	1														
[C] Irritability	1														
[C] Timidity	1														
[C] Weeping tendency, usually associated tenderness	1														
[C] Consolation	1														
[C] Fear of evening	1														
[C] Fear of being alone	1														
[C] Fastidious	1														
[C] Reacts severely to both the climates	1														
[C] Easily catches cold	1														
[C] Desire for sweet	1														
[C] Intolerance:spicy;fat	1														
[C] Rheumatoid arthritis	1														
[C] Swelling & soreness of the joints <cold>warm, associated with morning stiffness	1														
[C] Multiple joint pain (wrist & elbow)	1														
[C] Weakness of right elbow	1														
[C] Itching of palms & soles	1														
[C] Cracked palms and soles	1														
[C] Deformity elbow joint continued	1														
[C] Multiple joints pain & soreness	1														
[C] Weakness of right elbow joint	1														
[C] Itching sole	1														
[C] Cracking of palms & soles continued	1														
[C] Multiple joints pain & soreness(↑) with swelling of wrist and elbow continued	1														
[C] Weakness of right elbow joint (↑)	1														
[C] Itching sole/palm (↑)	1														
[C] Cracking of palms and soles (↑)	1														
[C] Chest sore <cold exposure	1														
[C] Piles with burning pain per rectum	1														
[C] Home sickness	1														
[C] Irritable	1														
[C] Easily offended	1														
[C] Constipation without urging	1														
[C] Thirst with dry tongue	1														
[C] Sleep disturbed	1														
[C] As there was aggravation of few symptoms and few new symptoms were observed, the case was rebuilt with new totality & repertorization was done	1														
<b>RE-BUILT TOTALITY OF SYMPTOMS:</b> Multiple joints pain & soreness with swelling of wrist and elbow, Weakness of right elbow joint, Itching sole/palm, Crack heel, Chest sore <cold exposure, Rectal piles, Burning pain in rectum, Constipation without urging, Thirst with dry tongue, Sleep disturbed, Home sickness, Irritable, Easily offended,															
Symptoms : 1 to 20      Total Symptoms : 21      Remedies : 1 to 15      Total Remedies : 609															

**REPORTORIAL RESULTS:**

Puls.-14/37,Sulph – 16/36,Cal.carb. –13/29,Nux.vom. – 14/28,Nat.mur.– 16/27

**PRESCRIPTION:** Dt.04-07-2013;Choice of remedy:- Rx.Puls 0/1,0/2,0/3,0/4(2 oz 16 doses B.D.)

**BASIS OF PRESCRIPTION OF PULSATILLA WAS AS FOLLOWS:**

1.Thirstless with dry tongue,2.Irritable,3.Timidity,4.Weeping tendency,5.Consolation >,6.Fear of evening, 7.Fear of being alone, 8.Fastidious,9.Reacts severely to both the climates., 10. Easily catches cold,11. Desire for sweet ,12.Intolerance:spicy;fat ,13.Rheumatoid arthritis, 14. Swelling & soreness of the joints <cold>warm, associated with morning stiffness.

**1<sup>ST</sup> FOLLOW UP (09-08-2013):** Multiple joint pain (wrist & elbow) ↓ ,Weakness of right elbow ↓ ,Itching of palms & soles ↓ ,Cracked palms and soles ↓ ,Deformity elbow joint continued.

Rx.Puls 0/5,0/6,0/7,0/8(2 oz ,16 doses, B.D.)

**2nd FOLLOW UP (19-09-2013):**Multiple joints pain & soreness ↓ ,Weakness of right elbow joint ↓ ,Itching sole ↓ ,Cracking of palms & soles continued.

Rx , Puls-0/9,0/10,0/11,0/12(2oz ,16 doses, B.D.)

**3rd FOLLOW UP (09-11-2013):** Multiple joints pain & soreness(↑) with swelling of wrist and elbow continued. Weakness of right elbow joint (↑), Itching sole/palm (↑),Cracking of palms and soles ↑ ,Chest sore <cold exposure, Piles with burning pain per rectum ,Home sickness ,Irritable ,Easily offended , Constipation without urging ,Thirst with dry tongue ,Sleep disturbed. As there was aggravation of few symptoms and few new symptoms were observed, the case was rebuilt with new totality & repertorization was done .

**RE-BUILT TOTALITY OF SYMPTOMS:** Multiple joints pain & soreness with swelling of wrist and elbow, Weakness of right elbow joint, Itching sole/palm ,Crack heel,Chest sore <cold exposure, Rectal piles, Burning pain in rectum , Constipation without urging ,Thirst with dry tongue ,Sleep disturbed, Home sickness ,Irritable, Easily offended,

**REPORTORIAL SHEET**

Patient Name : Mr. SOBHAGYALAKSHI CHHA      Reg. No. : 1879      Rep. Date : 09/11/2013

	Eye	Ear	Nose	Throat	Stomach	Rectum	Uterus	Bladder	Sex	Gen	Prost	Pile	Head	Neck	Should	Arm	Leg	Foot	Hand	Wrist	Joint	Other
<b>Totally Symptoms Covered</b>																						
[C1] [Med] [Homesickness, restlessness]																						
[C1] [Med] [Irritability]																						
[C1] [Med] [Offended easily]																						
[C1] [Med] [Pain Burying]																						
[C1] [Med] [Homesickness]																						
[C1] [Med] [Constipation Urging stool]																						
[C1] [Med] [Thirst]																						
[C1] [Med] [Dryness Tongue]																						
[C1] [Med] [Debtors]																						
[C1] [Med] [Pain Bone, breast]																						
[C1] [Med] [Swelling Elbow]																						
[C1] [Med] [Swelling Wrist]																						
[C1] [Med] [Itching Foot Sole of]																						
[C1] [Med] [Cracked skin Foot Soles]																						
[C1] [Med] [Cracked skin Foot Heels, in sand]																						
[C1] [Med] [Pain On, breast]																						
[C1] [Med] [Wrist COM, etc. Agg.]																						
[C1] [Med] [Swelling Wrist Agg.]																						

Symptoms 1 to 18      Total Symptoms : 18      Remedies 1 to 18      Total Remedies : 051

**REPORTORIAL RESULTS :** Bryonia-14/31, Sulph.-13/31, Calc. carb.-13/30, Causticum-13/30

**PRESCRIPTION :** Rx, Petroleum – 200/ (1 oz, 4 doses , 6 hourly) as intercurrent remedy and Bryonia – 0/1, 0/2, 0/3, 0/4 (2 oz, 16 doses, B.D.)

**BASIS OF PRESCRIPTION:** Petroleum was prescribed as intercurrents for cracked skin aggravating in winter then followed by Bryonia alb. for following reasons : Multiple joints pain/sore with swelling of wrist & elbow, Weakness right elbow joint, Cracking and Itching palms and soles, Chest sore < cold exposure, Rectal Piles, Burning pain in rectum, Constipation without urging, Thirst with dry tongue, Sleep disturbed, Homesickness, Irritable, Easily offended

**4<sup>th</sup> Follow up:** Multiple joint pain(80%)↓, Pain elbow & wrist (+), Cracked sole↓↓ Constipation with urging↓ (40%) , Piles ↓

Rx Bryonia 0/5, 0/6, 0/7, 0/8 ((2 oz, 16 doses, B.D.)

**5<sup>th</sup> Follow up:** Multiple joint pain with swelling elbow & wrist (+), (90%) Cracked palms and soles with itching ↓ (80%), Constipation, unsatisfactory, with urging↓ Piles ↓

Rx Bryonia 0/9, 0/10, 0/11, 0/12((2 oz, 16 doses, B.D.)

**6<sup>th</sup> Follow up:** Multiple joints pain with swelling of elbow & wrist↓ (80%), (stand still), Cracked palms and soles with itching↓ (80%), (stand still), Piles reduced 70% (stand still). Sneezing < morning.(unchanged), Fidgety feet, Forgetfulness , Desire to go home, Irritable, Talks about business, Motion<, Appetite: Increased , Thirst: Increased with dry tongue, Stool: Constipation ball like stool.

Improvement was stand still hence the totality was rebuilt.

**REPORTORIAL SHEET**

Patient Name : Mr. Subhagyalakshi Chha      Reg. No. : 1879      Rep. Date : 09/09/2013

	Eye	Ear	Nose	Throat	Stomach	Rectum	Uterus	Bladder	Sex	Gen	Prost	Pile	Head	Neck	Should	Arm	Leg	Foot	Hand	Wrist	Joint	Other
<b>Totally Symptoms Covered</b>																						
[C1] [Med] [Pain Bone, breast]																						
[C1] [Med] [Swelling Elbow]																						
[C1] [Med] [Swelling Wrist]																						
[C1] [Med] [Itching Foot Sole of]																						
[C1] [Med] [Cracked skin Foot Soles]																						
[C1] [Med] [Cracked skin Foot Heels, in sand]																						
[C1] [Med] [Pain On, breast]																						
[C1] [Med] [Wrist COM, etc. Agg.]																						
[C1] [Med] [Swelling Wrist Agg.]																						

Symptoms 1 to 18      Total Symptoms : 18      Remedies 1 to 18      Total Remedies : 702

**REPORTORIAL RESULTS :** Bryo.-16/35, Merc. sol. – 15/35, Sulph. – 14/35, Rhus. tox.– 15/31, Cal. carb.– 15/30.

Bryonia alba was again indicated therefore an intercurrent was thought to be needed, because of following symptoms :

Fidgety feet, Forgetfulness, Desire to go home, Irritable, Talks about business, Motion<, Appetite: Increased, Thirst: Increased with dry tongue, Stool: Constipation ball like stool.

Medorrhinum was given as intercurrent remedy.

**PRESCRIPTION:** Rx, Medorrhinum-1M(1oz 4doses6hrly) ,as intercurrent remedy. There after Bry alb. - 0/13,0/14,0/15,0/16(2oz, 16doses, B.D.) was prescribed.

**7th FOLLOW UP (03-03-2014):** Multiple joints pain with swelling elbow & wrist joints ↓, No cracking or itching of palms and soles, Piles reduced 90%, No sneezing, Fidgety in feet. ↓(50%), Forgetfulness improved(60%), Desire to go home ↓, Irritability ↓, Talks about business, Motion<, Thirst: Increased with dry tongue, Stool: Constipation ball like stool .

RX, Bryonia alba -0/17,0/18,0/19,0/20(2oz,16doses, O.D.)

**8th FOLLOW UP (07-05-2014):** Pain & swelling of elbow & wrist joint reduced considerably, No symptoms of piles, No sneezing.

RX, Bryonia alb. -0/21,0/22,0/23,0/24(2oz, 16doses, O.D.)

**9th FOLLOW UP (20-08-2014):** No joint pain, no skin symptoms, No piles. She reported for loose stool in early morning . Investigation CRP-7.2mg/dl, ESR-25mm 1st hour & R.A. Factor --+ve.

Rx, Sulphur-200(2glob.in 1oz .of distilled water 4doses 6hrly) was prescribed.

**Note :** As per chronic mixed miasmatic disease, we have to finish the treatment with an anti-psoric remedy. Hence sulphur was prescribed.

**INVESTIGATION REPORT AFTER CURE:**



Patient's Name : MRS SOUBHAGYALAXMI OJHA Age/Sex :38Years/Female  
Patient's ID : 18238768 Perm ID32937 Date :03-march.-2014 08:20  
Referred By Dr. : NIRANJAN MOHANTY Reporting Dt. :03-march-2014 07:30

### HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Units</u>
CRP(C-Reactive protein) (By Nephelometry)	7.2	<8.0mg/L
E.S.R. hour(westergren's)	25	mm falls in 1 <sup>st</sup>
R.A. factor	positive (+ve)	

Dr. Manas R. Baisakh  
MD(Path), FRC(Clinical Pathology)  
Consultant Histopathologist

Checked By  
Sample supplied / Collected in Lab

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(This report is not valid for medico-legal purpose)

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**DISCUSSION AND CONCLUSION:** From above case, it is understood that although rheumatoid arthritis is an autoimmune disorder and very difficult to be cured by our counterparts allopathic and Ayurvedic system of medicine as this case came to us after being treated by them but it can be easily treated with homoeopathic medicine very comfortably.

As the disease is a mixed miasmatic disease it should be treated by series of medicines as per indication at different stages keeping in mind the predominant miasm of the case.

When the patient's symptoms aggravate or become standstill, necessary acute or intercurrent remedy should be prescribed to remove the block and to cure the patient at shortest period of time.

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