

"EVALUATING THE EFFICACY OF HOMEOPATHIC TREATMENT IN RHEUMATOID ARTHRITIS: A CASE REPORT AND CLINICAL INSIGHTS"

Dr. Rishikesh Acharya^{1*}, Dr. Pooja Acharya², Dr. Nitesh Jangid³ and Dr. Rajveer Singh Rathor⁴

¹Assistant Professor, Department of Homoeopathic Pharmacy, University College of Homoeopathy, Jodhpur, Dr. S. R. Rajasthan Ayurved University, Jodhpur.

²Medical Practitioner at Shri Satguru Homoeopathic Hospital Jodhpur.

³Assistant Professor, Department of Physiology, University College of Homoeopathy, Jodhpur, Dr. S. R. Rajasthan Ayurved University, Jodhpur.

⁴Assistant Professor, Department of Surgery, University College of Homoeopathy, Jodhpur, Dr. S. R. Rajasthan Ayurved University, Jodhpur.

Article Received on
10 Feb. 2025,

Revised on 02 March 2025,
Accepted on 22 March 2025

DOI: 10.20959/wjpr20257-36116



*Corresponding Author

Dr. Rishikesh Acharya

Assistant Professor,
Department of
Homoeopathic Pharmacy,
University College of
Homoeopathy, Jodhpur, Dr.
S. R. Rajasthan Ayurved
University, Jodhpur.

ABSTRACT

Rheumatoid Arthritis (RA) is a prevalent autoimmune inflammatory disorder characterized by chronic pain, stiffness, and swelling in the small joints of the hands, wrists, and feet, often progressing to involve larger joints and leading to systemic complications. While conventional treatment strategies, including disease-modifying antirheumatic drugs (DMARDs) and physiotherapy, are commonly employed to manage symptoms and prevent deformities, the role of complementary therapies like homeopathy remains an area of ongoing interest. Homeopathic treatment has shown promise in managing autoimmune disorders, potentially mitigating disease progression and improving quality of life. This case report discusses the clinical efficacy of homeopathy in the management of RA in a 35-year-old female patient who presented to our outpatient department (OPD) in May 2022 with pain and swelling in the interphalangeal and knee joints, symptoms persisting for 3-4 months. After a comprehensive case analysis and repertorization, *Rhus toxicodendron* was selected as the homeopathic remedy. The patient showed significant improvement

within two months, with a marked reduction in pain, swelling, and stiffness. This case provides preliminary evidence supporting the effectiveness of homeopathic treatment in managing RA and highlights its potential as an adjunctive approach in the treatment of autoimmune diseases.

KEYWORDS: Rheumatoid Arthritis, Homoeopathy, Repertory, Arthritis.

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic, systemic inflammatory disorder that primarily manifests as persistent, symmetric polyarthritis, predominantly affecting the small joints of the hands and feet. However, any synovial-lined joint can be involved, leading to widespread joint destruction and functional impairment. Beyond the articular manifestations, RA is known for its potential to cause significant extra-articular involvement, including damage to organs such as the skin, heart, lungs, and eyes, complicating its clinical course. The pathogenesis of RA is multifactorial, with a combination of genetic susceptibility and environmental triggers believed to initiate an aberrant autoimmune response. This autoimmune process leads to the production of pro-inflammatory cytokines, which drive synovial inflammation, joint damage, and systemic complications. The exact etiology remains elusive, but evidence suggests that environmental factors, such as infections or hormonal changes, may act as triggers in genetically predisposed individuals, thereby accelerating the disease's onset and progression. As a result, RA remains one of the most challenging chronic diseases to manage, often requiring a combination of pharmacological therapies, physical interventions, and emerging complementary treatments to achieve disease control and minimize long-term disability.

Epidemiology

Rheumatoid arthritis (RA) is a globally widespread disease, affecting individuals across all ethnic groups and geographic regions. The annual incidence of RA is estimated at approximately 3 cases per 10,000 people, while the prevalence stands at about 1%. The disease becomes more common with advancing age, peaking between 35 and 50 years. The prevalence varies by ethnicity, being lowest in black Africans and Chinese populations, and highest in Pima Indians. Among Caucasians, the prevalence rate ranges between 1.0% and 1.5%, with a notable female-to-male ratio of 3:1.

Like many autoimmune diseases, RA demonstrates a higher incidence in females compared to males, with a ratio of 2–3:1. However, certain studies from Latin American and African countries report an even more pronounced female predominance, with ratios of 6–8:1. This significant female bias has led to various hypotheses regarding the potential influence of estrogen on the pathogenesis of RA. These theories largely focus on estrogen's role in modulating immune responses, suggesting that hormonal factors might contribute to the increased susceptibility of women to RA.

Pathophysiology of Rheumatoid Arthritis

Rheumatoid arthritis (RA) is a complex autoimmune disorder in which both genetic and environmental factors contribute to its pathogenesis. Studies have shown that the concordance rate of RA is higher in monozygotic twins (12–15%) compared to dizygotic twins (3%), and there is a marked increase in the frequency of RA among first-degree relatives of patients, highlighting the genetic predisposition involved. The disease primarily affects the synovial tissue, along with the underlying cartilage and bone, leading to progressive joint destruction.

The synovial membrane, which covers most articular surfaces, tendon sheaths, and bursae, plays a central role in the disease process. Normally, the synovium is a thin layer of connective tissue composed of two types of synoviocytes: type A (macrophage-derived) and type B (fibroblast-derived). Synovial fibroblasts are the most abundant cell type, and they produce critical structural components of the joint, such as collagen, fibronectin, and laminin, as well as other extracellular matrix elements. In RA, the immune system mistakenly targets this tissue, resulting in inflammation and damage, which progressively erodes the joint structure, leading to the loss of function.

Clinical Features

RA is characterized by several hallmark symptoms, including prolonged morning stiffness in affected joints (lasting longer than 30 minutes), fatigue, fever, weight loss, and joint tenderness. Swelling and warmth in the joints are also common, along with the formation of rheumatoid nodules under the skin. The disease usually begins between the ages of 35 and 60 years, and its course is marked by periods of remission and exacerbation. In rare cases, RA can affect children under 16 years, known as juvenile rheumatoid arthritis (JRA), which shares similarities with adult-onset RA, though it typically lacks the presence of rheumatoid factor.

Systemic Manifestations and Complications

RA is not limited to joint involvement; it often presents with various systemic manifestations that affect multiple organ systems. These include pulmonary, cardiovascular, neurological, and musculoskeletal complications. Additionally, long-term use of glucocorticoids (GCs) can lead to glucocorticoid-induced osteoporosis (GIOP), and RA patients are at increased risk for infections. Around 40% of RA patients experience these systemic complications, which can significantly impact disease outcomes and overall prognosis. The risk factors for these complications include severe inflammation, prolonged disease duration, seropositivity (e.g., rheumatoid factor and anti-cyclic citrullinated peptide antibodies), smoking, and male gender. Patients with these complications require more aggressive monitoring and treatment to mitigate mortality risk.

Investigations

In the diagnostic evaluation of RA, tests such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) are essential for assessing the acute-phase response and inflammation levels. CRP, in particular, has been shown to correlate with disease severity and radiographic changes. The presence of autoantibodies, including rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibodies, is also highly indicative of RA. Anti-CCP has greater specificity than RF for RA diagnosis and is a reliable predictor of disease progression. The combination of RF and anti-CCP enhances the diagnostic accuracy for RA, making these tests vital in clinical decision-making.

Management

The management of RA focuses on early intervention to prevent irreversible joint damage and to induce remission. A comprehensive approach is necessary, considering disease activity, imaging findings, complications, and comorbidities. Disease-modifying antirheumatic drugs (DMARDs) are the cornerstone of treatment, with methotrexate being the first-line choice unless contraindicated. In such cases, leflunomide or sulfasalazine may be considered as alternatives.

For patients planning pregnancy, it is crucial to select a DMARD that is safe during pregnancy. Sulfasalazine is often preferred as it is categorized as pregnancy category B, meaning it is considered safe for use during pregnancy. In contrast, methotrexate and leflunomide are contraindicated due to their teratogenic effects (pregnancy categories X). The goal in pregnancy is to ensure disease control while minimizing risks to both the mother and

fetus.

RA treatment should be tailored to the individual, with an emphasis on early diagnosis and initiation of therapy to limit disease progression and improve patient outcomes. Effective management strategies aim not only to control symptoms but also to preserve joint function and prevent long-term complications.

CASE REPORT

A 35 years old, married, female patient attended outpatient department of University College of Homoeopathy, Jodhpur on 20th May, 2022 with the complaints of pain and swelling in the interphalangeal joints of hands for 3-4 months which was aggravated by motion. She also suffered from pain in both knee joints for 3 months. Pain in knees got aggravated on initiation of movement and relieves on continuous motion. Crackling sound can sometimes be heard when she stands after a while. It was a diagnosed case of Rheumatoid Arthritis by an orthopaedic surgeon.

Past history: Patient had Typhoid 10 years back which was treated by allopathic medicines.

Family history: Her mother died 3 years back and her father is alive and is suffering from asthma since 7 years. Her sister is suffering from diabetes mellitus since 3 years.

Menstrual history: Menses regular 4-5 days/28-30 days, menarche at age of 13.

Generalities: Physical generals: Her appetite was reduced since 4-5 months. Thirst was normal with great desire for cold milk. Stool was satisfactory and semi-solid in character; once in a day. She had no specific complaints regarding her urinary system. Perspiration was generalised, non-offensive & non-staining. She is an ambithermal patient. She sleeps for 7 to 8 hours.

Mental generals: She had tension and anxiety of her family, she became restless especially at night. Emotional; weeps easily; consolation ameliorates her troubles; sensitive to loud noise.

Analysis & Evaluation of symptoms:- Analysis & evaluation of the case was done as per Kent's Method.^[9] i.e. characteristic mental generals, physical generals and particular symptoms were considered for framing the totality.

Mental generals: Restlessness especially at night.

Physical generals: Appetite Reduced; Desire for cold milk.

Particulars: Pain in fingers which aggravated on motion; Pain in knees on first motion and ameliorated on continuous motion.

Evaluation

- Restlessness at night.
- Desire for cold milk.
- Pain in fingers; aggravated on motion.
- Pain in knees; ameliorated on motion.
- General amelioration on motion.

Investigations: RA Factor was done before the patient visited to O.P.D. on 17th May, 2022 (Fig. 1)

MANAV ROG JAANCH SEWA KENDRA
Opp. New Hospital Rup Rajat Marg, BORUNDA
Mo. 7737879753, 9829595904, 9530049314

Pt Name : [REDACTED]
Ref By. : Dr. SHREE RAM MEDICAL
Serial No : 1457
Time : 17:18
Age : 35 Yrs.
Sex : Female
Date : 17/05/2022

HAEMATOLOGY EXAMINATION REPORT

TEST	RESULT	NORMAL RANGE
R. A. TEST	59.2	H 0-20 IU/ml

BIO - CHEMISTRY EXAMINATION REPORT

BLOOD SUGAR - (R)	119.0	80 to 160 mg/dl
-------------------	-------	-----------------

THANKS FOR REFERRING CASE [TECHNOLOGIST] [PATHOLOGIST]

KINDLY CORRELATE THE RESULT WITH CLINICAL FINDING
Facilities Available : All Kinds of Digital X-Ray,
Laboratory Investigation, E.C.G., Special Investigation
Timing :- 24 Hours (Conditional)
Email : manavrogjaanch904@gmail.com

NOT VALID FOR MEDICO-LEGAL PURPOSE

Fig. 1- RA Factor test report done on 17th May, 2022.

Repertorization: Repertorization is also done by HOMPETH ZOMEIO 3.0 using Kent's Repertory (Fig. 2) as the analysis and evaluation was also done by Kent's Method.

The screenshot shows the 'Quick Repertorisation' window of a software application. At the top, there is a search bar with the text 'Enter your search query here'. Below it, the 'Strategies/Filters Applied' section shows 'Normal'. The 'Symptoms' field contains '5' and the 'Remedies' field contains '222'. A table titled 'Repertorial Sheet' displays the results. The table has columns for various remedies: Rhus-t, Lyc, Puls, Sulph, Cycl, Guai, Sep, Ars, Caust, Ferr, Kreos, and Rhod. The rows show the frequency of each remedy for different symptoms. For example, Rhus-t is listed with a frequency of 11 for the symptom 'Total'. The table also includes a 'Kingdom' column with icons representing different kingdoms.

Remedy Name	Rhus-t	Lyc	Puls	Sulph	Cycl	Guai	Sep	Ars	Caust	Ferr	Kreos	Rhod
Total	11	9	9	7	6	5	5	5	5	5	5	5
Symptoms Covered	5	3	3	3	3	3	3	2	2	2	2	2
Kingdom												
[Kent] [Mind] Restlessness, nervousness: Night: (169)	3	3	3	3	2	2	2	3	3	2	3	
[Kent] [Stomach] Desires: Milk: Cold: (7)	2											
[Kent] [Extremities pain] Pain: Fingers: Moving: When: (5)	1					2						
[Kent] [Extremities pain] Pain: Knee: Motion: Amel: (20)	2	3	3	1	1		1					2
[Kent] [Generalities] Motion: Amel: (119)	3	3	3	3	3	1	2	2	2	3	2	3

Fig. 2: Repertorial Sheet.

Prescription: Rhus toxichodendron was selected on the basis of covering totality of the case. It was prescribed in 30CH potency to be taken thrice a day for 01 week followed by placebo for the second week.

Justification for selection of similimum

- Desire for milk.^[10, 11]
- Restlessness at night.^[10]
- General amelioration on motion.^[10]

Follow up timeline.

Date	Symptoms	Prescription
20-05-2022	Pain & swelling in interphalangeal joints since 3-4 months; Pain in knees since 3 months.	Rhus Tox 30CH/TDS x 7 days Placebo/TDS x next 7 days
06-06-2022	Swelling reduced; pain in fingers & knees slightly better.	Placebo/TDS x 15 days
24-06-2022	Status Quo	Rhus Tox 30CH/TDS x 7 days Placebo/TDS x next 7 days
14-07-2022	Swelling subsided; pain in fingers & knees better.	Placebo/TDS x 15 days
03-08-2022	No swelling; pain in knees & fingers much better. Advised for RA factor Test.	Placebo/TDS x 15 days
31-08-2022	Pain in fingers relieved; pain in knees also better.	Placebo/TDS x 15 days

	RA factor values reduced (Fig. 3).	
01-10-2022	Status Quo	Rhus Tox 200CH/BD x 1 day Placebo/TDS x 30 days
10-11-2022	Feeling better; pain in fingers & knees reduced markedly.	Placebo/TDS x 30 days
15-12-2022	Feeling better; advised for regular monthly follow-ups	Placebo/TDS x 30 days
14-01-2023	Status Quo	Rhus Tox 200CH/BD x 1 day Placebo/TDS x 30 days
16-02-2023	Feeling much better; occasional pain in knees	Placebo/TDS x 30 days

After treatment: RA Factor was done on 04th August, 2022 showing reduced values as compared to previous report. (Fig. 3)

MANAV ROG JAANCH SEWA KENDRA
Opp. New Hospital Rup Rajat Marg, BORUNDA
Mo. 7737879753, 9829595904, 9530049314

Pt Name : [REDACTED]
Ref By. : Dr. SHREE RAM MEDICAL
Serial No : 2548
Time : 15:26:
Age : 32 Yrs.
Sex : Female
Date : 04/08/2022

HAEMATOLOGY EXAMINATION REPORT

TEST	RESULT	NORMAL RANGE
R. A. TEST	46.81	H 0-20 IU/ml

THANKS FOR REFERRING CASE [TECHNOLOGIST]
KINDLY CORRELATE THE RESULT WITH CLINICAL FINDING [PATHOLOGIST]

Facilities Available : All Kinds of Digital X-Ray,
All Laboratory Investigation, E.C.G., Special Investigation
Timing :- 24 Hours (Conditional)
NOT VALID FOR MEDICO-LEGAL PURPOSES
Email : manavrogjaanch904@gmail.com

Fig. 3: RA Factor test report done on 4th August, 2022.

DISCUSSION

Rheumatoid arthritis (RA) remains a challenging autoimmune disorder for conventional medical practitioners, as current treatment strategies predominantly focus on the use of disease-modifying antirheumatic drugs (DMARDs). While DMARDs can be effective in managing the disease and slowing its progression, they come with a risk of long-term side effects due to prolonged use. These side effects can range from liver toxicity to gastrointestinal issues, creating a dilemma for healthcare providers and patients. In contrast, this case highlights a promising alternative: homeopathy. Through regular follow-ups, the

patient showed remarkable improvement, demonstrating the potential effectiveness of homeopathic treatment in managing autoimmune diseases, without the adverse effects commonly associated with pharmaceutical interventions.

The approach to treatment in this case was grounded in the principles outlined in Samuel Hahnemann's *Organon of Medicine*, which emphasizes individualized care through the selection of the *similimum*—the homeopathic remedy most closely matching the patient's unique symptoms. This personalized approach to treatment, based on the holistic understanding of the patient's physical, emotional, and mental state, led to positive results in a relatively short period. The significant improvement observed in this case further justifies the validity of homeopathy in treating autoimmune conditions, highlighting the importance of individualized treatment plans. However, while the outcomes are promising, further research is necessary to establish the efficacy of homeopathic treatment for RA and other autoimmune diseases. Randomized controlled trials and large-scale clinical studies would be essential to provide robust evidence and confirm the role of homeopathy in autoimmune disease management.

CONCLUSION

This case illustrates that an autoimmune disease, typically considered incurable by conventional medicine, responded favorably to individualized homeopathic treatment, demonstrating the potential of constitutional homeopathy in managing such conditions effectively and safely. The patient showed significant improvement in a relatively short time, without experiencing any of the typical side effects associated with long-term DMARD use. This outcome not only reinforces the effectiveness of homeopathic remedies but also affirms the continued relevance of classical homeopathic prescribing methods. The findings from this case further validate homeopathy's potential in the management of autoimmune diseases and call for further clinical research to explore and establish its role in modern medical practice.

REFERENCES

1. Smith, HR. Rheumatoid Arthritis (RA) [Internet]. 2022 [updated 2022, Jan. 31]. Available from: <https://emedicine.medscape.com/article/331715-overview>
2. Doherty M, Ralston SH. Musculoskeletal disease, In: Colledge NR, Walker BR, Ralston SH, editors. Davidson's Principles & Practice of Medicine. 21st ed. China: Churchill Livingstone Elsevier, 2010.
3. Shah A, St. Clair EW. Rheumatoid Arthritis. In: Fauci AS, Kasper DL, Hauser SL, Longo

- DL, Jameson JL, Loscalzo J, editors. Harrison's Principles of Internal Medicine, 19th ed., USA: McGraw- Hill, Medical Publishing Division, 2015; 2136.
4. Bullock J, Rizvi SAA, Saleh AM, et al. Rheumatoid Arthritis: A Brief Overview of the Treatment. *Med Princ Pract.*, 2018; 27(6): 501-507. doi:10.1159/000493390
 5. Kim JW, Suh CH. Systemic Manifestations and Complications in Patients with Rheumatoid Arthritis. *J Clin Med.*, 2020; 9(6): 2008. Published 2020 Jun 26. doi:10.3390/jcm9062008
 6. Heidari B. Rheumatoid Arthritis: Early diagnosis and treatment outcomes. *Caspian J Intern Med.*, 2011; 2(1): 161-170.
 7. Tanaka, Y. Rheumatoid arthritis. *Inflamm Regener*, 2020; 40(20). <https://doi.org/10.1186/s41232-020-00133-8>.
 8. DiBaise, Michelle DHSc, PA-C, DFAAPA; Kohn, Samantha MD. Diagnosing and managing patients with rheumatoid arthritis. *JAAPA.*, May 2021; 34(5): 27-34. | DOI: 10.1097/01.JAA.0000742944.34230.87.
 9. Sarkar. B. K. Hahnemann's Organon of Medicine. Delhi: Birla Publication, 9th revised edition.
 10. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. 3rd revised & augmented ed. New Delhi: B. Jain Publishers (P) LTD., 2010.
 11. Allen HC. Keynotes and Characteristics with Comparisons of some of the Leading Remedies of the Materia Medica with Bowel nosodes. 8th ed. New Delhi: B. Jain Publishers (P) LTD., 2008.