

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 11, Issue 5, 1199-1211.

Research Article

ISSN 2277- 7105

ROLE OF HOMOEOPATHIC MEDICINES IN THE CASES OF RHEUMATOID ARTHRITIS ON THE BASIS OF TOTALITY OF SYMPTOMS AND ITS MIASMATIC APPROACH

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Article Received on 07 March 2022,

Revised on 28 March 2022, Accepted on 18 April 2022

DOI: 10.20959/wjpr20225-23622

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ABSTRACT

Background: Rheumatoid Arthritis is the most common autoimmune chronic inflammatory disease. It is ranked as the 42nd highest contributor to global disability, with severe consequences. Aim & **Objective:** 1. To assess the Role of Homoeopathic medicines in cases of Rheumatoid arthritis with DAS 28 as response criteria for effectiveness assessment. 2. To assess the Predominant Miasm in cases of Rheumatoid arthritis. Methods: Simple randomized open-label interventional Study was done in which 50 cases of Rheumatoid

Arthritis. Results: Out of 50 cases of RA, 26 (42%) cases showed good Improvement, 18 (36%) cases showed moderate improvement, and 9 (18%) cases showed poor improvement with Homoeopathic medicines, according to DAS 28 Scale. In this study psora was predominant Miasm in most of the cases. A paired-samples t-test was conducted to compare the score of DAS 28 in the case of Rheumatoid Arthritis before and after treatment. The results suggest that the response to homoeopathic medicines in the cases of Rheumatoid Arthritis is statistically highly significant; (t=14.999, p =0.00). tcalc value (14.999) is higher than ttab value (2.00). **Conclusions:** The study reveals that individualised homoeopathic medicines prescribed in cases of RA on the basis of the totality of the symptoms are effective.

KEYWORDS: Rheumatoid Arthritis, Totality of Symptoms, Homoeopathic Medicine.

INTRODUCTION

Rheumatoid arthritis (RA) is a chronic inflammatory disease of unknown etiology marked by a symmetric, peripheral polyarthritis. It is the most common form of chronic inflammatory arthritis and often results in joint damage and physical disability. It is a systemic disease.^[1]

The prevalence of rheumatoid arthritis is approximately 0.5% to 1.5% of population worldwide. In Indian population, prevalence of RA is 0.3 to 0.8 %. It affects men and women of all ages (M / F ratio =1:2 to 1:3) with peak incidence in young adults and premenopausal women (40 to 50 years). [2]

Rheumatoid arthritis is common disease in India and Rajasthan^[3] and mortality is high when compare to age matched controls, [4] and it affects patient's Quality of life. [4]

MATERIALS AND METHODOLOGY

1. STUDY SETTING: The Study was conducted at the-

Site 1: O.P.D. / I.P.D. of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre, Station Road, Jaipur.

Site 2: O.P.D./I.P.D. of Dr. Madan Pratap Khunteta Homoeopathic Medical College & Hospital, Homoeopathy University Saipura, Jaipur.

- 2. STUDY DURATION: The study was undertaken for a period of 12 months. The followup of the patient was done at an interval of 7-14 days, as per gravity of the case, for duration of 3 months or for at least 6 visits, included in the study.
- 3. SELECTION OF SAMPLE: 50 cases of Rheumatoid arthritis were selected randomly from College O.P.D./I.P.D.

Randomization was done according to the simple randomized sampling technique.

- **4. INCLUSION CRITERIA:** Following cases was included irrespective of their sex, caste, religion and duration of illness in all age groups.
- > Diagnosed cases of Rheumatoid arthritis taking treatment from other systems of medicine, feeling no relief & seeking homoeopathic Treatment.
- > Diagnosed cases of Rheumatoid arthritis taking treatment from other systems of medicine, feeling relief but seeking homoeopathic treatment.
- Undiagnosed cases of suspected Rheumatoid arthritis seeking homoeopathic treatment.

5. EXCLUSION CRITERIA

- > The cases requiring emergency treatment involving any other system of Body were excluded from the study
- The cases without proper follow—up were excluded from the study.
- The cases showing poor compliance.

6. STUDY DESIGN: Randomized open label interventional study

Sample size: 50 cases

A Complete History and General Examinations was done.

7. INTERVENTION

Homoeopathic Medicine: Homoeopathic medicine on the Basis of Totality of Symptoms.

Dosage and Repetition: As per the Hahnemannian guidelines in 5th edition of Organon of Medicine.

8. SELECTION OF TOOLS

- Case taking Proforma
- > Patient information sheet and consent form.
- > RADAR 10.0 version
- ➤ R.P. Patel book for Miasmatic analysis
- ➤ IBM SPSS 20.0 version for statistical analysis
- ➤ Rheumatoid arthritis Disease activity score scale 28 (DAS 28)

D	Δ	S	28
$\boldsymbol{\mathcal{L}}$	$\boldsymbol{\Gamma}$		40

Patient tender joint count	
Patient swollen joint count	
ESR level -	
Global assessment (GH)-	
DAS $28 = 0.56\sqrt{\text{TEN28}} + 0.28\sqrt{\text{SW}}$	28) + 0.7 inESR +0.014(GH)
DAS score	Date

9. DATA COLLECTION: Data was collected after proper follow-ups and maintained in soft and hard copy.

A complete history, examination and required investigation were done.

10. DATA ANALYSIS: Efficacy of the homoeopathic treatment in totality was assessed according to statistical principles on basis of change in the score taken before and after treatment with homoeopathic medicines. Paired t-test was used as a statistical technique. This analysis was done by the researcher itself.

- **11. STATISTICAL TECHNIQUES:** The Analysis was conducted through the software SPSS (ver. 20) Applying paired t- test to assess the role of homoeopathic medicine before and after treatment.
- 12. ETHICAL CLEARANCE: Yes, the ethical committee has verified the methodology.

STATISTICAL ANALYSIS

AIMS AND OBJECTIVES

- To assess Role of Homoeopathic Medicines in cases of Rheumatoid Arthritis with DAS
 as response criteria for effectiveness assessment.
- 2. To assess Predominant Miasm in cases of Rheumatoid Arthritis.

> Hypothesis

- Null hypothesis (H0): No significant improvement is seen in cases of Rheumatoid Arthritis given homoeopathic medicines prescribed on the basis of totality of symptoms.
- Alternative hypothesis (H1): Improvement in the case of rheumatoid arthritis by giving homoeopathic medicines prescribed on the basis of totality of symptoms.
- ➤ Statistical Tool: To assess the Role of homoeopathic medicine in cases of Rheumatoid Arthritis by using the DAS 28 scale, score of before and after treatment, Statistical tool paired t- test has been taken in to account. The analysis has been done on IBM SPSS 20.0.
- In this study sample size 50 is taken, degree of freedom (n- 1) is 49 and level of significance is $\alpha = 0.05$.

Paired t-test =
$$t_{cal} = \frac{\bar{d}}{s_d/\sqrt{n}} \sim t_{(n-1)}$$

$$ightharpoonup \bar{d} = \frac{1}{n} \sum_{i=1}^{n} d_i \text{And } s_d = \sqrt{\frac{1}{n-1} \sum_{i=1}^{n} (d_i - \bar{d})^2}.$$

$$\rightarrow$$
 d.f. = n-1 = 50-1 = 49

- \triangleright n =Total No. of patients
- > d= mean of sample

		Paired Differences							
	Mean Std. Std. Error Mean Deviation Mean Std. Error Mean		t df	df	Sig. (2-tailed)				
				Mean	Lower	Upper			
Pair 1	DAS score before- DAS score after	1.301	.613	.087	1.127	1.475	14.999	49	.000

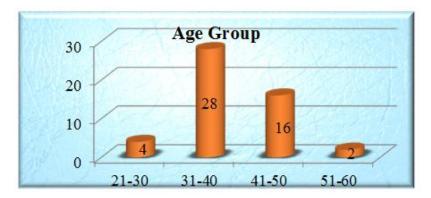
A paired samples t-test was conducted to compare the score of DAS 28 in the case of Rheumatoid Arthritis before and after treatment. There was significant difference in score before treatment (M=4.04, SD=.708) and after treatment (M= 2.74, SD= .732), t (49)=14.999, p=000, t_{tab} at α = 0.05 with degree of freedom= n-1 = 49 is 2.00.

RESULT

The Study Entitled "Role of Homoeopathic Medicines In The Cases Of Rheumatoid Arthritis On The Basis Of Totality Of Symptoms And Its Miasmatic Approach.

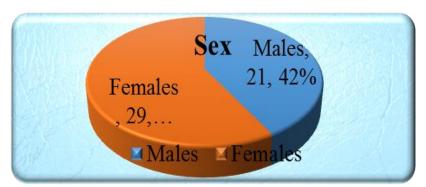
The cases were diagnosed clinically and were randomly selected from the O.P.Ds. of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre and O.P.D.in Saipura (Sanganer), Jaipur.

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO AGE GROUP



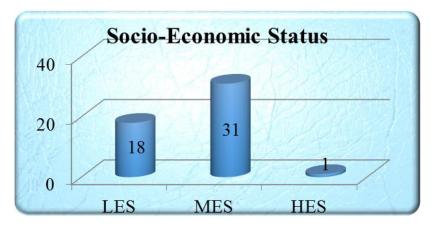
Among the 50 cases of RA maximum cases were noticed in the age Group 31-40 yrs. i.e. 28 (56%) cases whereas minimum cases were observed in Age Group 51- 60 years i.e. 2 cases (4%).

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO sex



Among the total 50 cases studied 29 (58%) cases were female, whereas 21 (42%) cases were male patients.

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO Socio-Economic-status



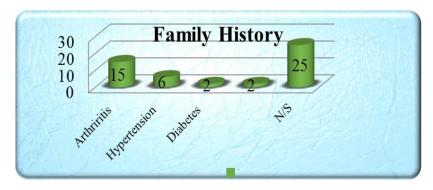
Among 50 cases, maximum cases 31 (62%) were of middle socioeconomic status, 18(36%) cases of low socio economic status and minimum case 1 (2%) of high socio- economic status

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO Associated Complaints

Sr. no.	Associated complaints	No. of cases	Percentage
1	Weakness	5	10%
2	Hair Falling	5	10%
3	All. Dermatitis	3	6%
4	All. Rhinitis	1	2%
5	Headache	5	10%
6	Subcutaneous nodule	1	2%
7	Flatulence	4	8%
8	N/S	26	52%
	Total	50	100%

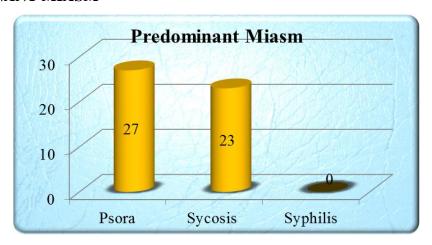
Among 50 cases, maximum no. of cases 26 (52%) had no associated symptoms. 5 (10%) cases had weakness, 5 (10%) cases had Hair Falling, 3 (6%) cases had Allergic Dermatitis, 1 (2%) case had Allergic Rhinitis, 5(10%) Cases had Headache, 1 (2%) case had subcutaneous nodule, 4 (8%) Case had Flatulence as associated complaints.

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO **Family History**



Among 50 cases, 15 (30%) cases had family history of arthritis, 6 (12%) had family history of Hypertension, 2 (4%) cases had family history of Diabetes mellitus, 2 (4%) had family history of Hypothyroidism and 25 (50%) cases had no specific family history.

DISTRIBUTION OF 50 CASES OF RHEUMATOID ARTHRITIS ACCORDING TO PREDOMINANT MIASM



Among 50 cases of RA, maximum cases 27 (54%) had predominant Psoric Miasm, while 23 (46%) has Sycotic miasm.

DISTRIBUTION OF CASES OF RHEUMATOID ARTHRITIS ACCORDING TO INDICATED MEDICINE

Sr. No.	Indicated Medicine	No. of Cases	Percentage
1	Lycopodium	15	30%
2	Calc. Carb	5	10%
3	Sepia	5	10%
4	Phosphorus	4	8%
5	Rhus tox.	4	8%
6	Pulsatilla	4	8%
7	Kali Carb	4	8%
8	Bryonia	2	4%

9	Ignatia	1	2%
10	Sulphur	1	2%
11	Cal.phos	1	2%
12	Lachesis	1	2%
13	Ruta G.	1	2%
14	Nat. Mur	1	2%
15	Hep. Sulph	1	2%
	Total	50	100%

Among 50 cases the indicated medicine prescribed was Lycopodium in 15 (30%) cases, Calc. Carb and Sepia in 5 (10%) cases each. Phosphorus, Rhus tox, Kali Carb, Pulsatilla prescribed in 4 (8%) cases each. Bryonia in 2 (4%) cases. Ignatia, Sulphur, Calc. Phos, Lachesis, Ruta G, Nat. Muriaticum and Hep Sulph in 1 (2%) case each.

DISTRIBUTION OF CASES OF RHEUMATOID ARTHRITIS ACCORDING TO RESULT OBTAINED.

Improvement	No. of case	Percentage	
Good Improvement	23	46%	
Moderate Improvement	18	36%	
Poor Improvement	9	18%	
Total	50	100%	

As per DAS28 Among 50 cases, 23 cases (46%) had good improvement, 18(36%) cases had shown moderate improvement, and 9 (18%) cases had shown poor Improvement.

DISCUSSION

The cases were diagnosed clinically and were randomly selected from the O.P.Ds. of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre and O.P.D.in Saipura (Sanganer), Jaipur.

A Discussion on the interpretations derived from the study has been given below:

Age group

In this study, the condition was found more commonly in the age group of 31 to 40 years. i.e. 28 (56%), which is highly due to increased environmental exposure. and minimum 2 cases (4%) in age group of 51-60 years.

This may be because these age groups, by virtue of the profession, the working condition & outdoor activity, are exposed repeatedly to various risk factors leading to the disease condition. (This study correlates with previous epidemiological data.^[18]

Sex

It has been observed that, maximum numbers of patients were Females i.e. 29 (58%) patients in comparison to their male's counterparts i.e. 21 patients (42%). (F/M ratio= 1.38:1) (This study correlates with previous epidemiological data.^[2]

Both findings in age and sex are well correlated with previous epidemiological data.

Socio-Economic Status

In this study it has been observed that Maximum 31 (62%) cases were observed in middle socioeconomic class, 18 (36%) cases in low socio economic class and minimum case 1 (2%) in high socio- economic class.

Associated Complaints

Among 50 cases, maximum no. of cases 26 (52%) had no associated symptoms. 5 (10%) cases had weakness, 5 (10%) cases had Hair Falling, 3 (6%) cases had Allergic Dermatitis, 1 (2%) case had Allergic Rhinitis, 5(10%) Cases had Headache, 1 (2%) case had subcutaneous nodule, 4 (8%) Case had Flatulence as associated complaints.

Family History

Among 50 cases, 15 (30%) cases had family history of arthritis, 6 (12%) had family history of Hypertension, 2 (4%) cases had family history of Diabetes mellitus, 2 (4%) had family history of Hypothyroidism and 25 (50%) cases had no specific family history.

SUMMARY

Under the study topic of "Role of homoeopathic medicine in the cases of Rheumatoid Arthritis on the basis of totality of symptoms and its miasmatic approach" 50 cases of Rheumatoid Arthritis have been studied with their aetiopathogenesis manifestations.

The cases were analyzed and examined taking age, sex, family history, past history, socioeconomic status, and miasmatic background, presenting complaints, associated complaints as well as the totality of symptoms and its miasmatic approach of the patient into consideration.

A Summary on the interpretations derived from the study has been given below

- ➤ It is more common in the middle-age group (31-40years).
- \triangleright It is more common in females than in males, the ratio being (1.38:1).
- > The disease was reported more in people from middle socio-economic status.
- > Psora is the predominant miasm in most of the cases.

- ➤ The medicines which were found indicated were Lyco, Calc. Carb, Sepia, Phosphorus, Rhus tox.
- Out of 50 cases, 23 (46%) had good improvement and 18 (36%) cases had moderate improvement and 9 (18%) had poor improvement in this study.

CONCLUSION

The conclusion derived as per the objectives of the study are

Homoeopathic approaches of totality of symptoms and its miasmatic approach are effective.

It can be concluded from foregoing discussion based on observation and results of the study that homoeopathic are effective in the treatment of Rheumatoid Arthritis according of totality of Symptoms.

It was found that Rheumatoid Arthritis is mixed miasmatic condition with Psora being the predominant Miasm in most of cases.

LIMITATIONS

Limitation of my study that sample size was too small so it is advisable that further research should be done on the basis of Totality of symptoms with large sample size.

AKNOWLEDGEMENT

First and foremost, I would like to thank my God who have always acted as a continuous source of energy through blessings and supported me and my family throughout our lives and without their encouragement this work would not have been nurtured and matured.

At the very outset of this presentation, I have earnest desire to express my deepest sense of gratitude to my respected guide **Professor Dr. A.N. Mathur,** for supervision, advice and guidance from very early stage of this research till the end. Above all and the most needed, he provided me unflinching encouragement and support in various ways. His true scientist intuition has made him as a constant oasis of ideas and passions in Homoeopathy, which exceptionally inspired and enriched my growth as a homoeopath. I am indebted to him more than he knows.

I would like to thank respected Dr. Girendra Pal, Chairperson, Homoeopathy University, Jaipur, for providing a conductive environment and moral support for our post graduate studies.

It is my privilege to express my sincere gratitude to Dr. Chaturbhuja Nayak, President, Homoeopathy University, Jaipur, for his encouraging words.

I express my sincere gratitude to Professor **Dr Atul Kumar Singh**, Principal, Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, Jaipur, for his perpetual encouragement to complete my work.

I would like to express my gratitude to Vice Principal, Professor, **Dr. Shishir Mathur**, Professor **Dr. Dilip Dhadhich**, Professor **Dr. S.M. Sharma**, Professor **Dr. Anupam Kumar**, **Associate Professor Dr. Ruchi Singh & Assistant Professor Dr. S.N. Sharma**, who convincingly conveyed blessing during my theses work.

I warmly expressed my thanks to **Dr. S. Bidwalkar**, **Dr. Virendra Chauhan** for his valuable advice and help during the studies.

My heartfelt thanks to Dr. J. P Singh Professor at Indian Institute of Health Management and Research center Jaipur for his precious guidance & catechizing statistical aspect of this project.

My parents deserve special mention for their inseparable support and prayers. My deepest gratitude goes to my father, Mr. Rajendra Prasad Goyanar whose patience and unconditional love enable me to complete this work, my father is constant source of inspiration and energy to me and my mother, Mrs. Mamta Goyanar, my Husband Dr. Lekhraj Garg for their unflagging love, care and support throughout my life; this dissertation simply impossible without them.

I sincerely acknowledge my thanks to all my seniors, all my colleagues and all my juniors, who had so kindly and willingly given their immense support during my work in their own special ways.

I also express my thanks to all the members of teaching and non-teaching staff, the hospital staff of Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre for their co-operation.

Lastly, I must thank all my patients for their key role and co-operation throughout the course of my research work. It is a pleasure to convey my gratitude to them all in my humble

acknowledgement. This dissertation would certainly have not materialized without inevitable support of my teemed professors and colleagues.

REFERENCES

- 1. Plenge R, Seielstad M, Padyukov L, Lee A, Remmers E, Ding B et al. TRAF1-C5as a Risk Locus for Rheumatoid Arthritis - A Genome wide Study. New England Journal of Medicine, 2007; 357(12): 1199-1209.
- 2. Harrison T, Longo D, Kasper D, Jameson J, Fauci A, Hauser S et al. Harrison's principles of internal medicine. 18th Ed. New York: McGraw-Hill, 2012; 1632.
- 3. Division of rheumatology [Internet]. gabriel.sherine@mayo.edu. 2017 [cited 21 Sep 2016]. Available from: http://gabriel.sherine mayo.edu PMID: 11396092.
- 4. Colledge Nicki, Brian R. Walker, Stuart H. Ralston, Davidson's Principles & Practice of Medicine. 20th edition, chapter25: 1088.
- 5. Close S. The genius of homoeopathy Lectures and Essays on Homoeopathic Philosophy. 9th Ed. New Delhi: B. Jain Publisher, 2002.
- 6. Milestones in Rheumatology. The Parthenon publishing Group. Inc New York. 1999. Reprinted by special arrangement in India 2001 by panther publisher private limited, Bangalore.
- 7. Joshi V. Rheumatology Past present and futu re. Journal of The Association of Physicians [Internet]. 2012 [cited 6 October 2016]; 60. Available http://www.japi.org/january_ 2012/04_rheumatology_past_present.html
- 8. Benedek T.G. history of rheumatic disease. In J.H Klippel (Ed.) Primer on the Rheumatic diseases. Atlanta. Arthritis Foundation, JAPI, 1997; 60(11): 1-5.
- 9. Appleboom T. Halberg P. History of Rheumatoid Arthritis, Rheumatology. JAPI, 2003; 60: 753-756.
- 10. RUS V. history connective tissue disease. 3rd ed. Edinburgh, 2003.
- 11. Ballous L. Wong B. Nonsteroidal Anti-inflammatory drugs Textbook of rheumatology, 8th ed. Philadelphia, Sounders- Elsevier, 2009; 123.
- 12. Ballous L, Text Book of Rheumatology. 8th ed. Philadelphia: Sounders-Elsevier, 2009; 125.
- 13. Methotrexate in oxford Desk Reference Rheumatology [Internet]. 2009. [Cited 15 http://www.japi.org/ oct.2016] Available from: january_2012/04_rheumatology_past_present.html

- 14. Arnett F. C. Edworthy S.M. Bloch D.A.et all. The American Rheumatism Association 1987 revised criteria for the classification of rheumatoid arthritis. Arthritis Rheum, 1988; 31(3): 315–24.
- 15. Chopra A, Abdel-Nasser A. Epidemiology of rheumatic musculoskeletal disorders in the developing world. Best Practice & Research Clinical Rheumatology, 2008; 22(4): 583-604.
- 16. Watts R. Clunie G. Hall F. Marshall T. methotrexate in oxford Desk Reference Rheumatology [Internet]. 2009. [Cited 15 sep 2016] Available from: http://www.japi.org/january_2012/04_ rheumatology_past_present.html.
- 17. Kasper D. Harrison' principles of internal medicine. 16th Ed. New Delhi: McGraw- Hill, 2005.
- 18. Harrison T, Longo D, Kasper D, Jameson J, Fauci A, Hauser S et al. Harrison's principles of internal medicine. 19th Ed. New York: McGraw-Hill, 2012; 2136.
- 19. Cross M, Smith E, Hoy D, Carmona L, Wolfe F, Vos T et al. The global burden of rheumatoid arthritis: estimates from the Global Burden of Disease 2010 study. Annals of the Rheumatic Diseases, 2014; 73(7): 1316-1322.
- 20. Rudan Igor, Sidhu S, papana A, Meng S, Wei, Y, Wang W, Campbell R. Prevalence of rheumatoid arthritis in low– and middle–income countries: A systematic review and analysis. journal of Global health [Internet], 2015 [cited 13 October 2016]; 5(2). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4416333/
- 21. Chopra A, Patil J, Billempelly V, Relwani J, Tandle HS. Prevalence of rheumatic diseases in a rural population in western India: a WHO-ILAR COPCORD Study.
- 22. Gauri L, Bhanwar, Ram P, Gauri F. P36 Prevalence of rheumatic diseases in an urban population in Western Rajasthan: a WHO-ILAR COPCORD Study. Indian Journal of Rheumatology, 2009; 4(3): 14.
- 23. Harrison T, Longo D, Kasper D, Jameson J, Fauci A, Hauser S. et al. Harrison's principles of internal medicine. 18th Ed. New York: McGraw-Hill, 2012; 321: 1638.
- 24. Maheshwari J. Essential Orthopaedics. 3rd Ed. New Delhi: Mehta, 2005; 242.
- 25. Nicki R. Principles and practice of medicine. 21st Ed. New Delhi: Elsevier, 2011.
- 26. Longo D. principles of internal medicine. 19th Ed. New Delhi: McGraw Hill, 2012; 2138.