

Individualized Homoeopathic Management of Rheumatoid Arthritis Using Complete Repertory: A Case Report

Dr. Purvi Parmar¹, Dr. Vipul Shastri²

¹Ph.D. Scholar, Assistant Professor of Department of Surgery, Vidhyadeep Homoeopathic Medical College and Research Center, Vidhyadeep University, Anita, Kim, Surat, Gujarat, India

²Ph.D. (Hom), I/C Vidhyadeep Homoeopathic Medical College and Research Center, Vidhyadeep University, Anita, Kim, Surat, Gujarat, India

ABSTRACT

Background: Rheumatoid arthritis (RA) is a chronic, systemic autoimmune inflammatory disorder characterized by symmetrical polyarthritis, progressive joint destruction, and functional disability. Despite advances in conventional management, long-term pharmacotherapy may be associated with adverse effects and incomplete remission. Homoeopathy emphasizes individualized treatment based on totality of symptoms and miasmatic understanding, as described in the *Organon of Medicine*. **Case Presentation:** A 49-year-old female presented with chronic bilateral knee joint pain of several years' duration, associated with redness, swelling, heat, shifting nature of pain, and marked intolerance to touch and covering. Laboratory findings revealed elevated ESR (50 mm/hr) and positive Rheumatoid Factor (100 IU/mL). The case was analyzed through complete repertorization, considering mental generals (restlessness, overthinking), physical generals (hot patient, reduced appetite), and characteristic particulars. Based on totality, *Aconitum napellus* 200 was prescribed. **Intervention and Outcome:** The patient was followed for three months. Progressive clinical improvement was observed, including reduction in pain intensity, improved joint mobility, and better functional capacity. The RAPS score reduced from 10 at baseline to 5 at the third follow-up, indicating significant symptomatic improvement. **Conclusion:** This case demonstrates the potential role of individualized homoeopathic treatment selected through complete repertorization in the management of rheumatoid arthritis. The improvement observed suggests that constitutional and anti-miasmatic prescribing based on totality may contribute to symptomatic relief and improved quality of life in chronic inflammatory conditions.

How to cite this paper: Dr. Purvi Parmar | Dr. Vipul Shastri "Individualized Homoeopathic Management of Rheumatoid Arthritis Using Complete Repertory: A Case Report" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-1, February 2026, pp.1116-1121, www.ijtsrd.com/papers/ijtsrd100181.pdf



IJTSRD100181

URL:

Copyright © 2026 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



KEYWORDS: Rheumatoid arthritis, Homoeopathy, Complete repertory, Individualization, Miasmatic approach, *Aconitum napellus*, Case report.

Rheumatoid arthritis (RA) is a **chronic systemic autoimmune disease** characterized by persistent inflammation of synovial joints, often resulting in pain, swelling, stiffness, and progressive joint destruction. It affects both articular and extra-articular tissues and leads to functional disability if not diagnosed and managed early. RA typically has a symmetrical pattern beginning in the small joints of the hands and feet, and may extend to larger joints and other organs such as the lungs, heart, and eyes. The pathogenesis involves an aberrant immune response in which autoantibodies, including rheumatoid factor (RF) and anti-citrullinated protein

antibodies (ACPAs), play a key role in sustaining chronic synovitis and joint damage. Early recognition and integrated management are essential to minimize long-term disability and systemic complications¹.

Epidemiologically, RA affects an estimated **0.5–1% of adults worldwide**, with a higher predominance in women. In India, prevalence estimates vary by region, ranging approximately **from 0.28% to 0.75% in adult populations**, highlighting a significant national disease burden². While there is limited large-scale population data specific to Gujarat, hospital-based studies and ongoing community surveys indicate that

RA is a relevant clinical problem in western India, warranting further epidemiological documentation³.

The **etiology of RA** remains multifactorial and not completely understood, but it is believed to be triggered by a combination of genetic susceptibility (e.g., HLA-DRB1 alleles), environmental factors (such as tobacco exposure), and immunologic disturbances that culminate in chronic autoimmunity and synovial inflammation¹.

Pathophysiology

Rheumatoid arthritis (RA) is a chronic systemic autoimmune disorder characterized by persistent synovial inflammation and progressive joint destruction. The disease results from a complex interaction between genetic predisposition—particularly HLA-DRB1 alleles—and environmental triggers such as smoking, leading to loss of immune tolerance and autoantibody formation^{4,6,7}.

The immunopathogenesis involves activation of CD4+ T lymphocytes, B cells, macrophages, and dendritic cells within the synovial membrane. Autoantibodies, including rheumatoid factor (RF) and anti-citrullinated peptide antibodies (ACPA), contribute to immune complex formation and complement activation. Activated immune cells release pro-inflammatory cytokines, especially tumor necrosis factor-alpha (TNF- α), interleukin-1 (IL-1), and interleukin-6 (IL-6), which perpetuate synovial inflammation^{4,6,7}.

Chronic inflammation leads to synovial hyperplasia and formation of pannus—an invasive granulation tissue that erodes cartilage and subchondral bone. Osteoclast activation mediated by receptor activator of nuclear factor- κ B ligand (RANKL) promotes bone erosion, while matrix metalloproteinase contribute to cartilage degradation^{6,7}. Systemic cytokine release explains constitutional symptoms and extra-articular manifestations^{4,7}.

Clinical Features

RA typically presents with symmetrical inflammatory polyarthritis, most commonly affecting the small joints of the hands (metatarsophalangeal and proximal interphalangeal joints), wrists, and feet.

Articular Manifestations

- Persistent joint pain and swelling
- Morning stiffness lasting more than 30–60 minutes
- Warm, tender joints
- Decreased range of motion
- Progressive joint deformities (ulnar deviation, swan-neck deformity, boutonnière deformity) in advanced stages^{4,5}

Constitutional Symptoms

- Fatigue
- Low-grade fever
- Weight loss
- Malaise⁴.

Extra-Articular Manifestations

- Rheumatoid nodules
- Interstitial lung disease and pleural effusion
- Vacuities
- Anemia of chronic disease
- Pericarditis
- Increased cardiovascular risk^{4,6}.

Laboratory findings include elevated ESR and CRP, positive RF, and anti-CCP antibodies. Radiographs may show joint space narrowing and marginal erosions^{4,5}.

Treatment

The management of RA aims to control inflammation, prevent structural damage, and preserve function. Early initiation of therapy is essential^{4,5}.

1. Symptomatic Therapy

- Nonsteroidal anti-inflammatory drugs (NSAIDs) for pain relief
- Glucocorticoids for short-term control of inflammation⁴.

2. Disease-Modifying Antirheumatic Drugs (DMARDs)

- Methotrexate (first-line agent)
- Leflunomide
- Sulfasalazine
- Hydroxychloroquine^{4,6}.

3. Biologic Agents

Target specific inflammatory mediators:

- TNF inhibitors (e.g., infliximab, etanercept)
- IL-6 receptor antagonists (tocilizumab)
- B-cell depletion therapy (rituximab)
- T-cell costimulation blockers (abatacept)^{4,6}.

4. Targeted Synthetic DMARDs

- Janus kinase (JAK) inhibitors⁴.

5. Non-Pharmacologic Management

- Physiotherapy
- Occupational therapy
- Lifestyle modification
- Surgical intervention in severe deformities^{4,5}.

Complications

If inadequately treated, RA can result in significant morbidity:

Articular Complications

- Joint deformities
- Ankylosis

- Tendon rupture
- Cervical spine instability (atlantoaxial subluxation)^{4,6}.

Systemic Complications

- Rheumatoid vasculitis
- Interstitial lung disease
- Accelerated atherosclerosis and cardiovascular disease
- Osteoporosis
- Increased infection risk due to immunosuppressive therapy^{4,6}.

Chronic uncontrolled inflammation is associated with increased mortality, largely due to cardiovascular complications^{4,7}.

Samuel Hahnemann classified diseases in the *Organon of Medicine* into acute and chronic diseases (§72).

- **Acute diseases** are rapid in onset, self-limiting, and arise from exciting causes (§73).
- **Chronic diseases**, however, are persistent, progressive, and arise from deep-seated miasmatic dyscrasia (§78).

Hahnemann further elaborated that chronic diseases originate from fundamental miasms -**Psora, Sycosis, and Syphilis** (§80–82). These miasms represent underlying dynamic disturbances that maintain disease even after removal of exciting causes.

According to §6, the physician must perceive what is to be cured in disease the totality of symptoms (8). In §3, Hahnemann emphasizes that the physician's high and only mission is to restore the sick to health. Therapeutic selection must be based on the principle of similars (§26)⁸.

Rheumatoid arthritis is a chronic, progressive autoimmune inflammatory disease. The persistent inflammatory process, recurrent exacerbations, joint destruction, and deformities suggest deep-seated constitutional involvement. According to Hahnemann, such chronic conditions arise from miasmatic origin⁸.

Miasmatic Interpretation of Rheumatoid Arthritis

In homoeopathic miasmatic theory:

- **Psoric miasm** is associated with functional disturbances and hypersensitivity.
- **Sycosis** is characterized by overgrowth, infiltration, thickening, and chronic inflammatory processes.
- **Syphilitic miasm** involves destruction, ulceration, and deformity⁹.

Rheumatoid arthritis typically exhibits:

- Chronic inflammatory swelling (sycotic tendency)

- Progressive joint destruction and deformities (syphilitic component)
- Functional disturbances and hypersensitivity (psoric background)

Hence, RA is often considered a **mixed miasmatic condition**, predominantly sycotic with syphilitic destructive elements^{9,10}.

Homoeopathic Therapeutic Approach

1. Individualization and Totality

According to §6 of the *Organon*, treatment must be based on the totality of symptoms⁸. In RA, this includes:

- Mental generals (anxiety, restlessness, irritability)
- Physical generals (thermal state, thirst, appetite)
- Particular symptoms (joint pain modalities, swelling, stiffness)

Homoeopathy does not treat “rheumatoid arthritis” as a disease entity but treats the individual expression of the disease.

Principle of Similars

As per §26, cure is achieved by administering a remedy capable of producing similar symptoms in a healthy individual⁸. Remedy selection must correspond to the characteristic symptom picture.

2. Chronic Disease Management

- In chronic diseases (§78), treatment requires:
- Anti-miasmatic remedies
- Constitutional prescription
- Careful potency selection
- Avoidance of suppression⁸.

In RA, long-term constitutional treatment is often necessary to address the underlying miasmatic dyscrasia.

According to the *Organon of Medicine*, rheumatoid arthritis is classified as a chronic miasmatic disease requiring individualized, anti-miasmatic treatment based on totality of symptoms. Its mixed miasmatic nature (predominantly sycotic with syphilitic destructive tendencies) guides remedy selection. Homoeopathic management aims at dynamic restoration rather than symptomatic suppression, following the principles laid down in §§3, 6, 26, 72, and 78 of the *Organon*.

The role of complete repertory in the homoeopathic management of rheumatoid arthritis (RA) is pivotal as it allows for systematic and individualized selection of the most similar remedy based on the totality of symptoms. In RA, symptoms vary widely not only in physical manifestations such as joint pain, swelling, stiffness, modalities, and aggravations, but also in emotional and general traits of the patient. Repertorization integrates all these symptom layers

into a structured format, enabling precise comparison of remedy rubrics and identification of the closest homeopathic similimum, which may not be evident through materia medica consultation alone. This approach increases the likelihood of selecting a remedy that addresses the unique symptom picture of the patient, thus improving clinical outcomes and quality of life, as demonstrated in recent clinical case reports and reviews that utilized repertories.

CASE PRESENTATION:

Rheumatoid arthritis is a chronic, systemic autoimmune inflammatory disorder characterized by symmetrical joint involvement, progressive destruction, and functional disability. A 49-year-old female patient, Mrs. R.M., a housewife from Surat, presented on 03/09/2025 with complaints of pain in both knee joints since several years. The onset was gradual with progressive increase in severity. The joints were hot, red, and swollen, and the pain was shifting in nature from one limb to another. The patient reported marked intolerance to touch and could not tolerate covering over the affected joints. The condition interfered with walking and routine daily activities, with recurrent exacerbations. She also had a history of asthma with intermittent breathing difficulty. Past history revealed gallstones ten years ago. There was no history of diabetes mellitus or hypertension. Family history revealed asthma in her brother.

On detailed case taking, her appetite was reduced, taking only two meals per day. Thirst was markedly increased, consuming approximately 15–16 glasses of

water daily. Urination was 10–12 times per day, stool was regular once daily, and sleep was sound. She had no specific cravings but reported aversion to bitter taste. Perspiration was mixed, with no addictions or known allergies. She was thermally hot. Mentally, the patient was restless, overthinking, and preoccupied with her health concerns, though cooperative during consultation.

On general examination, pulse was 79/min, respiratory rate 15/min, and temperature 98.7°F, with a fair general condition. Local examination revealed swelling, redness, warmth, and tenderness over both knee joints with painful and restricted movements, leading to difficulty in walking and prolonged standing.

Systemic examination showed no abnormalities.

Laboratory investigations revealed hemoglobin 11.5 g/dL, ESR 50 mm/hr (elevated), CRP 4.50 mg/L, RA factor 100 IU/mL (positive), and uric acid 4.25 mg/dL, supporting the clinical diagnosis of Rheumatoid Arthritis.

The totality of symptoms was constructed based on mental generals (overthinking, restlessness), physical generals (hot patient, reduced appetite), and particulars (hot, red, swollen joints; shifting pain; intolerance to touch and covering).

On repertorial analysis and consultation of materia medica, Aconitum napellus 200 was prescribed as a single dose and repeated during follow-ups as required.

Analysis
Analysis uses 7 rubrics.



643 Mind; Prostration of mind, brain fag	4	4	4	3	4	4	3	4	4	4	3	1	1	1	1	4	4	4	4	4	4	4	4	4	4	3	4		
1369 Mind; Restlessness, nervousness	4	4	4	4	4	4	4	4	4	4	4	4	3	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	
207 Extremities; Pain; joints; motion; agg.	3	1	3	3	3	4	4	1	1	3	1	3	3	1	3	3	3	3	3	3	3	3	3	3	3	2	1	3	1
853 Extremities; Pain; lower limbs; joints	4	3	4	4	4	3	4	4	4	4	4	3	4	3	2	4	4	4	4	4	4	4	4	4	4	4	4	3	4
24 Extremities; Swelling; red; joints	3	3	4	3	3	3	1	1	1	1	1	1	1	1	1	1													
3 Extremities; Swelling; shining; red, joints	3	3										1																	
155 Generalities; Touch; agg.; slight	4	4	4	4	1	3	3	4	3	1	3		1	1	1	4	4	3	3	3	1	2	3	1	2	3	4	3	

REPERTORIALSHEET FROM COMPLETE

Follow-Up and Outcome

Follow-Up	Clinical Status	RAPS Score
Baseline	Severe pain, swelling	10
1st (18/10/2025)	Pain persists, swelling present	9
2nd (10/11/2025)	Pain reduced, movement improved	7
3rd (15/12/2025)	Occasional pain only	5

Outcome

- Reduction in pain intensity
- Improved joint mobility
- Improved daily functioning
- Gradual reduction in RAPS score (10 → 5)

This case demonstrates favorable clinical response in a patient of Rheumatoid Arthritis managed with individualized homoeopathic treatment selected by using complete Repertory. The selection of *Aconitum Napellus* was based on the characteristic inflammatory presentation with heat, redness, hypersensitivity to touch, restlessness, and shifting pains. Gradual improvement in pain intensity, joint mobility, and functional capacity, along with reduction in RAPS scoring, suggests the potential role of homoeopathy in the management of inflammatory joint disorders. Further controlled studies are recommended to substantiate these findings.

Discussion

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disease characterized by persistent synovial inflammation, progressive joint destruction, and functional impairment. Despite significant advances in conventional therapeutics, including disease-modifying antirheumatic drugs (DMARDs) and biologic agents, complete remission remains challenging in many patients, and long-term pharmacological management may be associated with adverse effects. This has led to growing interest in individualized complementary approaches such as homoeopathy.

In homoeopathic philosophy, as described in the *Organon of Medicine*, chronic diseases arise from deep-seated miasmatic dyscrasia (§§72–78). Rheumatoid arthritis, with its chronic inflammatory course, recurrent exacerbations, and structural joint damage, corresponds to a mixed miasmatic state. The proliferative synovial inflammation reflects a predominantly sycotic tendency, while progressive joint destruction indicates syphilitic involvement, often superimposed on a psoric background of functional disturbance and hypersensitivity.

In the present case, remedy selection was based on complete repertorization, integrating mental generals, physical generals, and characteristic particulars. The patient exhibited marked restlessness, overthinking, hot thermal state, reduced appetite, hot and swollen joints, shifting pain, and pronounced intolerance to touch and covering. The repertorial process allowed systematic analysis of these symptoms and facilitated identification of the similitum, rather than prescribing on the basis of pathology alone. *Aconitum napellus* was selected due to its strong correspondence with the acute inflammatory

presentation characterized by heat, redness, hypersensitivity, and mental restlessness.

Clinical follow-up over three months demonstrated progressive improvement. Pain intensity decreased, joint mobility improved, and the patient regained the ability to perform daily activities comfortably. The RAPS score showed a steady decline from 10 at baseline to 5 at the third follow-up, indicating objective improvement in disease activity and functional status. The improvement extended beyond local symptoms, reflecting overall enhancement of general well-being, consistent with the homoeopathic concept of holistic restoration.

While this single case does not permit generalization of results, it illustrates the potential utility of individualized homoeopathic prescribing guided by complete repertorization in chronic inflammatory disorders such as RA. Objective laboratory findings supported the diagnosis, and standardized scoring provided measurable assessment of therapeutic response. Further systematic studies with larger sample sizes and longer follow-up periods are warranted to evaluate reproducibility and long-term outcomes.

Conclusion

The present case highlights the potential role of individualized homoeopathic treatment in the management of rheumatoid arthritis. Prescription based on totality of symptoms and complete repertorization resulted in significant clinical improvement, reduction in pain, enhanced joint mobility, and improved functional capacity, as evidenced by a progressive reduction in RAPS score.

From a homoeopathic standpoint, rheumatoid arthritis represents a chronic miasmatic disorder requiring constitutional and anti-miasmatic management rather than symptomatic suppression. This case supports the principle that accurate remedy selection based on similitude and comprehensive case analysis may contribute to meaningful symptomatic relief and improved quality of life in chronic autoimmune inflammatory conditions. Well-designed controlled clinical trials are recommended to further substantiate these findings and establish broader clinical applicability.

Acknowledgement

The author expresses sincere gratitude to **VCT Hospital** for granting permission to conduct and document this clinical case study, and for providing the necessary facilities and support throughout the treatment period.

Heartfelt appreciation is extended to **Dr. Vipul Shastri** for his constant guidance, scholarly

supervision, and valuable insights that greatly contributed to the successful completion of this article.

The author is also deeply thankful to the patient for her trust, cooperation, and informed consent, which made the presentation and publication of this case report possible.

References

- [1] *Rheumatoid arthritis*. StatPearls. National Center for Biotechnology Information (NCBI Bookshelf). 2025.
- [2] *Prevalence of rheumatoid arthritis in India* (Global Burden of Disease review). 2025.
- [3] *Prevalence and comorbid conditions in RA patients at a tertiary clinic in western India*, IndJST.
- [4] Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. *Harrison's Principles of Internal Medicine*. 21st ed. New York: McGraw Hill; 2022.
- [5] Kumar P, Clark M. *Kumar & Clark's Clinical Medicine*. 10th ed. London: Elsevier; 2020.
- [6] Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR. *Kelley and Firestein's Textbook of Rheumatology*. 10th ed. Philadelphia: Elsevier; 2017.
- [7] McInnes IB, Schett G. The pathogenesis of rheumatoid arthritis. *N Engl J Med*. 2011; 365(23):2205-19.
- [8] Hahnemann S. *Organon of Medicine*. 6th ed. Translated by Boericke W. New Delhi: B. Jain Publishers; 2002.
- [9] Hahnemann S. *The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure*. New Delhi: B. Jain Publishers; Reprint edition.
- [10] Close S. *The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy*. New Delhi: B. Jain Publishers; Reprint edition.

