Homoeopathic Approach in the Cases of **Rheumatic Disorders of Joints**

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INTRODUCTION

Rheumatic disorders of joints are abnormal conditions, prevailing in developing countries. From time to time in every age, people grow old and fall victims to this crippling conditions.

The word "Rheum" goes back to the time of Galen. Rheum is what is called "Resha" in Punjab. When we throw light on dictionary meaning of rheumatism it says any of the variety of disorders marked by inflammation, degeneration or metabolic derangement of the connective tissue structures, especially the joints and related structures, and attended by pain, stiffness or limitation of motion. These are disorders affecting various components of the musculoskeletal system including connective tissues, joint capsule, ligaments, tendons, muscles, etc.

Joint is a junction between two or more bones or cartilages. It is a device to permit movements. The structures that play an important role in the formation of a joint are articular surface, articular cartilage, synovial membrane, fibrous capsule, convex male and concave female articular surface.

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Regarding causative factors of rheumatic disorders of measures. This is a juncture where Homoeopathy joints there are more than one factor responsible directly or indirectly. They are e.g. various psychological, physical, allergic, infective organisms. But the exact etiology of most of the disorders is not known. There is also lots of controversy about classification of rheumatic disorders of joints, but modern science broadly classifies them in to Acute and Chronic rheumatic disorders of joints. Most of the patients have common complaints of stiffness of affected joint or joints, pain, swelling and restriction of movements of affected joint or joints.

With the help of proper general and systemic examination and investigations, modern science represent then as various clinicopathological entities such as Osteoarthritis, Rheumatoid arthritis, Gout, Ankylosing spondylitis, etc.

Regarding treatment of such disorders modern medical science advises particular exercise as a part of general management and they select harmful palliative measures or costly surgical

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helps patient economically both in financial field and in the field of Preservation of Health.

Dr. Hahnemann, the founder of Homoeopathic system of medicine after practicing for about 30 yrs. found that Homoeopathy could not affect the real cure in certain cases, where the disease appeared to subside for time being, but had a tendency to relapse at a future date. They had pleasant starting; less favorable continuation and hopeless out come. These failures lead to arouse some doubts in the mind of Hahnemann. He ruled out one by one possibility and finally he reached to the conclusion that there were obstacles to the cure of many cases. Dr. Hahnemann gave general name to the obstacles to cure -MIASM. He defined the obstacles in terms of symptoms syndrome. He named this obstructive symptoms syndrome as Psoric Miasmatic Disease. This includes changes related to functional disturbances.

Regarding the spread of venereal miasmatic diseases he had mentioned that they arise because of impure coition. Immediately after the moment of contact with contagion the spread of the venereal disease in the whole of the interior begins. When penetration of all the organs by the disease takes place then and then only the whole being is changed in to an entirely venereal man. They appear like soft, spongy wart, which bleeds easily after many weeks of infection through coition. They may be attended with gonorrhea. When they are treated by faulty method like cutting, cauterizing etc they are suppressed and travel internally and appear in deeper tissues reflecting worse secondary ailments.

He named this obstructive symptom syndrome as **Sycosis Miasmatic Disease**. **This includes changes related to Extra growth disturbances.** We put sycosis at second place, was well recognized by Hahnemann for its characteristic production of neoformations, with dentated or pedunculated growths resembling figs. This is undoubtly the pathological condition of excess, escape, hyperplasia, ostentation, and tumor formation. Regarding treatment he had mentioned about antisycosis remedies.

Syphilitic miasmatic disease (venereal) is background and their response to anti represented by a chancre. Initially it appears as a little indicated homoeopathic medicine. The inpustule, which changes in to impure ulcer with raised conducted were Blood examinations, R border and stinging pains. This represents primary examination and Synovial fluid analysis.

manifestation. Destruction of it by faulty method drives inside the disease to infect deeper and deeper tissues. The syphilis miasmatic disease is symbolized or contained in the words, "Destruction" or "Degeneration", a violently destructive degeneration that in the somatic realm is symbolized or represented by the ulcer. Regarding treatment he had mentioned about ant syphilitic remedies. These were the basic concepts of Dr. Hahnemann regarding Miasm, the causative factor and Miasmatic Diseases. We have to step in to his shoes and follow his footprints further beyond these to understand and correlate the miasmatic disease with modern science.

This work will throw some light on application of theory of miasms to modern clinico-pathological concept of Rheumatic Disorders of Joints, their prevention, progress, perception and their treatment with homeopathic simillimum.

Method: The present study was undertaken at Dhwani Homoeo Clinic, Ahmedabad.. Thirty different cases of Rheumatic disorders of joints were analyzed. These cases were analyzed after considering their age, sex, onset, duration, present illness, sensation, family history, past history, clinical examination, pathological changes, miasmatic background and their response to anti miasmatic indicated homoeopathic medicine. The investigations conducted were Blood examinations, Radiological examination and Synovial fluid analysis.

Observation:

Table-1 Distribution of cases of Rheumatic disorders of joints according to Age.

Age [in years]	No of cases	Percentages
0-12 [Children]	00	00.00
13-30 [Young age]	03	10.00
31-50 [Middle age]	30	70.00
51-above	06	20.00

Table-2 Distribution of cases of Rheumatic disorders of joints according to Sex

Sex	No of cases	Percentages
Male	11	36.66
Female	19	36.66

Table-3 Distribution of cases of Rheumatic disorders of joints according to their duration

Duration	No of cases	Percentages
Short [Acute]	1	3.33
Long [Chronic]	29	96.66

Table-4 Distribution of cases of Rheumatic disorders of joints according to their Locations

Locations	No of cases	Percentages
Great toes	21	70.00
Small toes	2	06.66
Ankle joints	7	23.33
Heels	3	10.00
Knee joints	9	30.00
Hip joints	5	16.66

Lumbo sacral region	10	33.33
Thumb	1	3.33
Finger joints	4	13.33
Wrist joints	3	10.00
Elbow joints	7	23.33
Shoulder joints	5	16.66
Cervical region	1	3.33

Table-5 Distribution of cases of Rheumatic disorders of joints according to their family history

Conditions in family	No of cases	Percentages
Rheumatoid arthritis	13	43.33
Cancer	1	03.33
Spondylitis	3	10.00
Epilepsy	1	03.33
Osteoarthritis	9	30.00
Hypertension	3	10.00
Tuberculosis	3	10.00
Heart attack	6	20.00
Asthma	14	46.66
Eczema	6	06.66
Renal troubles	400	13.33
Chronic bronchitis	ciente	03.33
Urticaria	2 2	06.66
Gout	3	10.00
Cardiomegaly	SR8	26.66
Backache	5	16.66

Table-6 Distribution of cases of Rheumatic disorders of joints according to their history and clinical examinations

1	03.33
29	96.66
30	100.00
17	56.66
13	43.33
24	80.00
22	73.33
3	10.00
27	90.00
29	96.66
29	96.66
	29 30 17 13 24 22 3 27 29

Table-7 Distribution of cases of Rheumatic disorders of joints according to disease [condition] diagnosis

Condition	No of cases	Percentages
Rheumatoid arthritis	9	30.00
Osteo arthritis	4	13.33
Gout	11	36.36
Psoriatic arthritis	1	03.33
Spondylosis	1	03.33
Low backache	2	06.66
Cervical spondilitis	1	03.33

Table-8 Distribution of cases of Rheumatic disorders of joints according to pathological changes

Pathological changes	No of cases	Percentages
Inflammation	19	63.33
Proliferation	19	63.33
Degeneration	8	26.66

Table-9 Distribution of cases of Rheumatic disorders of joints according to Blood investigations.

Investigations	No of cases	Percentages
A. Haemoglobin		
Normal	4	13.33
Decreased	26	86.66
B. White cell counts		
Normal	5	16.66
Increased	25	83.33
C. E.S.R		
Normal	0	00.00
Increased	30	100.00
D. Rheumatoid factor		
Present	9	30.00
Absent	21	70.00
E. Serum uric acid		
Increased	11	36.66

Table-10 Distribution of cases of Rheumatic disorders of joints according to Synovial fluid analysis

Investigations	No of cases	Percentages
A. Appearance		
Yellow[normal]	Me	30.00
Turbid S	cien21	70.00
B. Viscosity	Pa	
No change	4	13.33
Increased	SR5) •	16.66
Decreased Internation	onal 21 urna	70.00
C. Mucin clot	Lin Scientific	
No change	8	26.66
Fair		03.33
Poor	21	70.00
D. White cell counts	2456-6470	28
Normal	4	13.33
Increased	22	73.33
Decreased	7 5 4 7	13.33

Table-11 Distribution of cases of Rheumatic disorders of joints according to Dominant miasmatic disease

Dominant miasmatic disease	No of cases	Percentages
Psora	2	06.66
Sycosis	21	70.00
Syphilis	7	23.33

Table-12 Distribution of cases of Rheumatic disorders of joints according to their indicated given medicines

Name of indicated Medicines.	No of cases	Percentages
Pulsatilla	4	13.33
Lycopodium	4	13.33
Kali carb	1	3.33
Calcarea carb	5	16.66
Nux vomica	4	13.33
Ledum	1	3.33
Arsenic alb	2	6.66
Rhus Tox	5	16.66
Natrum mur	2	6.66
Sepia	2	6.66

Table-13 Distribution of cases of Rheumatic disorders of joints according to their indicated given medicines

Result	No of cases	Percentages
Improved	21	70.00
Palliation	С	30.00

Discussion:

As a result of study of selected cases it was found that the middle age groups between [31-50years] were found to be more prone to such disorders [70%]. Maximum sex incidences of the patients of the study were females [63.33%]. Out of selected cases maximum affected joint was Great toe [70%]. Inflammation and proliferation were two major pathological changes [63.33%]. Sycosis was the fundamental miasm in majority of cases [93.33%]. Majority of cases were improved in their suffering [70%] and they were on the path of recovery. In case of irreversible pathological changes palliative therapy was given. As a result of this their disease progress became stagnant.

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