

# Auto Immune Disorders and Its Homoeopathic Approach

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## INTRODUCTION

Each and Every human being living on this earth possesses a power to protect self from the external harmful environmental agents. This power is called Immunity. It is the ability of the body to resist the entry of different types of foreign bodies like bacteria, viruses, toxic substances etc. Initially the word Immunity was used to indicate a state of insusceptibility or complete resistance to infection. But in the light of modern concept immunity depends on various factors like host resistance, dosage and virulence of organism. The primary function of the Immune system is to protect an individual [The Host] against invasion of infectious agents.

Normally the immune system is able to distinguish friend from foe ignoring the body's own components and attacking foreign invaders. But in certain conditions this weapon turns against the self and causing severe illness and even death also such disorders are called as Auto Immune Disorders. In Autoimmune Diseases the Immune system reacts against self-antigens and destroys host tissues. Antibodies against self-antigens are termed as auto antibodies.

**KEYWORDS:** Autoimmune Disorders and Homoeopathy, Homoeopathic Management of Autoimmune Disorders

### Definition:

“Autoimmune disorders may be defines as conditions in which structural or functional damages produced by the action of immunological component cells or antibodies against normal component of body.”

“Any disorder in which loss of function or destruction of normal tissue arises from humoral or cellular immune responses to the body's own tissue constituents; may be systemic, as systemic lupus erythematosus, or organ specific, as thyroiditis.”

### Causes of Autoimmune Disorders:

As such the exact causes of such disorders are not clear but certain probable factors play active role in these Auto Immune disorders are as under:

**A. Genetic and Familial Factors:** Family studies on monozygotic twins and population studies have provided evidence that there could be genetic susceptibility to autoimmunity. Genes in the major histocompatibility regions as well as other regions appear to be involved in causing susceptibility to autoimmunity. It is not unusual to have the same autoimmune disease in several members of a family or to have several members of a family with different autoimmune diseases.

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**B. Hormonal and Sex influence:** Autoimmune diseases occur much more often among women in the reproductive age group. This may indicate X-linked predilection or Hormonal-endocrine influence.

**C. Environmental factors:** Drugs, chemicals, ultraviolet light, viruses and other infections have been shown in different situations to cause or exacerbate autoimmunity.

**D. Aging:** The levels of auto antibodies in the circulation increase with age.

**E. Thymic Influence:** Thymic abnormalities are often seen in autoimmune diseases.

**F. Role of HLA Antigen:** How does the body actually recognize that a substance is foreign? The code that brings about this recognition consists of the major histocompatibility antigens [HLA Antigen]. These are the protein found on the surface of nearly every cell in the body. They not only defend the body against infection but also distinguish each individual's tissue from the tissues of others. They also control quality and quantity of an immune response. The major group

of genes producing the HLA antigen is known as the HLA complex.

The association of diseases with specific HLA antigens has been recognized only recently. Individuals with some disease are more likely than the general population to have a specific HLA allele. The association of some HLA alleles with inappropriate immune function may directly involve the products of the HLA locus or the histocompatibility-complex-linked immune response genes. These genes may determine an individual's susceptibility to specific infectious agents or their capacity to mount an immune response against specific antigens.

### Basic Mechanism of Autoimmune Diseases:

To understand the basic mechanism of autoimmune diseases it is necessary to go through certain fundamentals of Immunity. Resistance of the body against the pathogenic agents is known as Immunity. Immunity is of two types. Innate Immunity and Acquired Immunity. Innate Immunity, which is also known, as Natural immunity, is present from birth and it is an inborn capacity to resist the entry of microorganism. The entrance of any foreign body or a vaccine develops Acquired Immunity. Lymphocytes are the responsible factor for such Immunity.

The primary cell of the immune response is the lymphocyte. The mature lymphocyte is a small, round, white blood cell. It originates in the liver and spleen of the fetus and the bone marrow of the child or adult. They cannot implement the immune

response until they migrate through the lymphatic and blood vessels and then through lymphoid tissues. During this journey the gets mature. The lymphocytes that migrate through onset of lymphoid tissues become B-lymphocytes or B cells. The lymphocytes that migrate through the thymus gland become T lymphocytes or t cells. B cells are responsible for humoral immunity and T cells are responsible for cell-mediated immunity.

The antigens are the substances, which induce specific immune reactions in the body. They are of two types. Auto antigens or self-antigen and Foreign antigen. Auto antigen are present on the body's own cells like 'A' antigen and 'B' antigen on the RBCs. Foreign antigens or non self antigen enter in the body from out side. Normally an antigen induces the immune response in the body. The condition in which the immune system fails to give response to an antigen is known as tolerance. In normal condition body's immune system does give any response [Tolerance] to self-antigen or auto antigen. In some occasions the tolerance fails or becomes incomplete against self-antigen and it starts to give response against self-antigen. This state is called Autoimmunity. It leads to activation of T lymphocytes [Cytotoxic cells] or production of autoantibodies from B-lymphocytes. They attack the body's normal cells whose surface contains self-antigen or auto antigen. I this way body's normal tolerance decreases and the immune system fails to recognize the body's own tissues as "self" and attacks them.

### Homoeopathic Approach to Autoimmune Disorders:

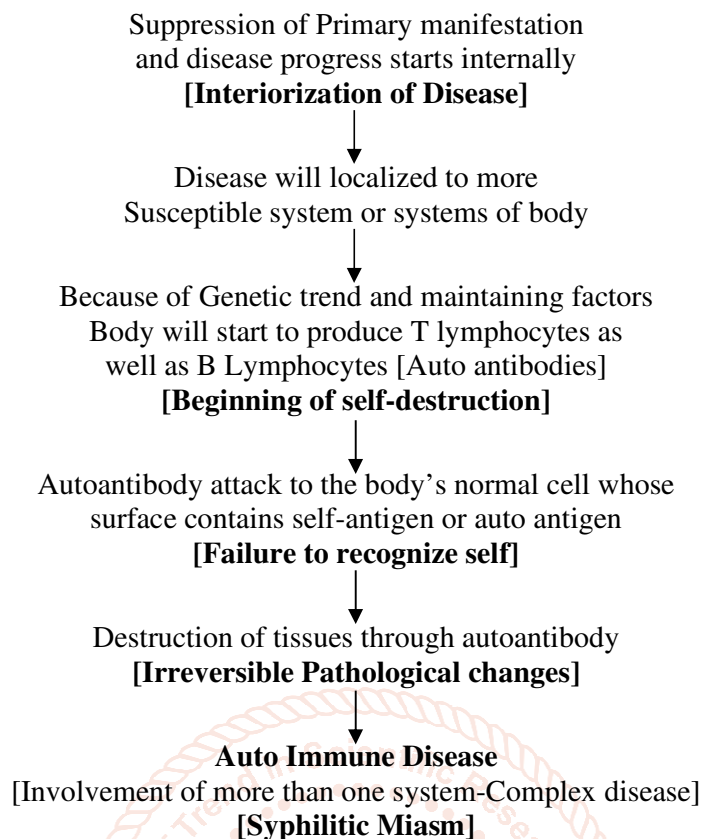
Human Being with latent Genetic Susceptibility to Autoimmune diseases.

A symptomatic state of a person and  
Considers himself as a healthy  
**[Latent Psora]**

↓  
Activation of latent Psora through  
Exciting factors like Drugs, Chemicals,  
Hormones, Bacteria, Viruses etc.  
**[Role of Exciting Factors]**

↓  
Disturbance in normal Physiology of body  
Usually unnoticed by person  
**[Primary manifestation of Psora]**

↓  
Exciting causes remains persistence  
And becomes maintaining factor as well as  
Primary manifestation becomes treated through  
Faulty treatment



**Classification of Autoimmune Disorders:**

| No | Antibody or Cell Mediated Reaction to Reaction to | Target Organ     | Associated Diseases   |
|----|---|------------------|---|
| 1. | Red blood cells                                   | Red blood cells  | Hemolytic anemia  |
| 2. | Nuclear constituents<br>e.g. DNA                  | Skin and muscles | Connective tissue diseases and Dermatomyositis<br>Rheumatoid Arthritis<br>SLE |
| 3. | Thyroid cells and Hormones<br>or TSH receptors    | Thyroid          | Primary myxoedema Autoimmune Thyroiditis<br>Thyrotoxicosis                    |
| 4. | Parathyroid Cells                                 | Parathyroid      | Primary Hyperparathyroidism   |
| 5. | Parietal cells Intrinsic factor/<br>B complex     | Stomach          | Pernicious anemia   |
| 6. | Mitochondria                                      | Liver            | Primary biliary cirrhosis   |
| 7. | Pancreatic islet beta cells                       | Pancreas         | Type 1 Diabetes   |
| 8. | Adrenal cortical cells<br>ACTH receptor           | Adrenal          | Addison's Disease.  |
| 9. | Acetylcholine receptor                            | Voluntary muscle | Myasthenia gravis   |

**Treatment:** According to modern medical science such disease conditions are those, which are difficult to treat. They give required supplement in the form of symptomatic treatment. As such there is involvement of more than one system of body it is difficult to tackle such conditions.

In the language of homoeopathy such conditions represent mixed miasmatic expression. Sometime due to abuse of certain drugs they may represent as complex disease also [original disease plus drug induced disease]. If they have crossed the borderline of reversible pathology than except giving them temporary relief [Palliation] we can't do anything. Such relief can be given by superficial and short acting or even with the help of some organ remedy also. By this way we can improve the quality of life of patient. In cases where disease is still in the range of reversible pathology, reflects the symptoms of responsible miasm or miasms. On the basis of such manifestation we have to select anti miasmatic remedy after considering the role of predominant miasm, which help the physician to put the patient on the path of recovery or to break the progress of developing pathology.

## Conclusions

- A. Autoimmune disease is generated through the disturbance of immunological tolerance.
- B. Activation of auto reactive lymphocytes, and various positive and negative immune responses are involved in each of these processes.
- C. Genetically, individuals with lower threshold to these responses are more susceptible to autoimmune disease, although various environmental factors that induce such immune responses are also significant.
- D. It is thus necessary to understand in detail autoimmune phenomena in each patient to establish a proper therapy that suppresses pathological immune responses without affecting normal immune functions.
- E. In the language of homoeopathy If they have crossed the borderline of reversible pathology than except giving them temporary relief [Palliation] we can't do anything. Such relief can be given by superficial and short acting or even with the help of some organ remedy also. By this way we can improve the quality of life of patient.

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## CASE No. 1

Name: ABC

Age: 30 yrs. Sex: Female. Education: B.Com. Status: Unmarried.

### History of Present Illness:

Before 15 yrs patient fall down from a staircase. During that time she had injury on back. Sever pain was there on right hip joint. After 15 days it was difficult for her to get up from seat. He went to allopathic doctor and took treatment. Later on pain disappeared but after some time it reappeared. She took treatment for 3 yrs. She went to Baroda, doctor suggested that her to do R.A. test. It was done and was positive. So again treatment was started. She took it for 4 yrs. During that course of time swelling of any joint was occurred along with pulsating type of pain. Pain was < by physical exertion. During this period mild deformities were also developed.

Later on for one month she took Ayurvedic medicines but there was no relief at all. Because of restriction in diet gradually weight loss, emaciation of body was there.

After that she went to Nadiad, she was given steroids as a medicine which she took it for 10 days. After stoppage of treatment again intensity of pain was increased. Deformities were gradually spreading.

Later on she went to Ahmedabad, she took treatment of Rheumatologist. He stopped all steroids and due to this complain were increased. Again steroid was started and as a result of this side effects were developed. So since last 5 yrs. She is not taking any medicines. To get relief from pain she is taking pain killer at present. Since last one year she is taking Homoeopathic medicines.

At present she has

Location: shoulder joints, hip joints, elbow joints, knee joints.

Sensation: pulsating pain

Character: Mark deformities of fingers of both hands as well as toes of foot.

Raising the arm above the shoulder is painful.

Modalities: < cloudy weather, winter

> warm weather, bathing, sleeping, pressure.

**Associated Complaints:**

Fever since last 4 yrs. Low grade in nature

Patient as a Person:

Appearance: Position - Sitting in a bed, Because of pain in joints she has to change her position after sometime.

Gesture: Because of restricted movements it was not mark

Walking: Slow, restricted.

**Physiological Functions:**

Appetite: Eats two-time in a day/Moderate quantity/Exhausted after eating.

Thirst: 8 glasses/Prefers pot water/every one hour/Desired after eating.

Bowel: In the morning/normal odor/Yellowish brown colour.

Reproductive system:

Menarche at the age of 12 years Duration – 2 / 28 days.

Colour – Bright red. Backache one day before menses &gt; by flow.

Pain &lt; during menses. Occasionally - Leucorrhoea, pale, watery, sticky.

LMP – 26/6/00

Birth – Normal delivery Birth weight – 3 Kg.

Pathological Tendencies: Tendency to suppuration and slow healing.

**General Modalities:** < Cloudy weather, winter, during Menses.

&gt; Warm Weather, sleeping, pressure.

**LIFE SPACE**

She was the youngest child of her family. There were three elder brothers. She was the only sister as a result of this whatever was demanded by her was given. Her family was middle class family. Since the early age of life she understood the position of her family. So she never demanded anything unusual. During school life she had friends. But because of her complaints she had to suppress her many desires. When she went to college because of trouble she could not go with her friends. Affected parts of body were covered by her. When anyone asked she told that there is muscular pain. She was not able to develop that deep relations with her friends. After doing B.Com. She went for service. At this stage she was able to help her mother at house. Latter on her brother's marriage was done (at this point even after asking she was hiding something regarding her relationship with "BHAI and BHABHI "). But after marriage of her brother her complaints were increased. During this period her mother had trouble of left Breast cancer. She was admitted in hospital. At that time patient had no deformities. So she was there with her mother. At that time she feel very insecure. Because she thought "If anything will happened to my mother what will my position as she knew that she was dependent on her mother. So she fell insecure. Later on responsibility of work will on her. It was not possible for her to take it. So she was tense. Her father has also irritable nature. According to her while her father gets angry he doesn't have good sense of speaking. So whenever her father calls her mother she become angry.

The gradually increasing course of disease made her increased frustrated but during that time she joined "PARIVAR" because of regular attending, she got security. Now she is sure that God will do some thing for her.

**Family History:**

| Person      | Disease              | Alive | Dead. |
|-------------|----------------------|-------|-------|
| Grandfather | Osteoarthritis       |       | +     |
| Grandmother |                      | +     |       |
| Father      | Rheumatoid arthritis | +     |       |
| Mother      | Breast cancer        | +     |       |

**Past History:**

| Condition | Affected system | Age      | Duration | Treatment   |
|-----------|-----------------|----------|----------|-------------|
| 1.Malaria | Circulatory     | 24 Years | 4 days   | Allopathic. |

**Physical Examination:**

Pulse: Character – fast, regular, full, 104 / min.

BP: 130 / 80 mmHg Respiratory Rate: 18 / min.

Tongue: Pink, moist

Extremities: Pain in both shoulder joints, Elbow joints, Fingers have deformities, restricted movements.

**Systemic Examination: Locomotor System**

Inspection:

Visible deformities of fingers as well as of lower extremities.

Slow walking, painful movements, difficulty in sitting.

Palpation:

Prominent Acromion process of Scapula of both sides.

Can not raised the hand above shoulder.

Movements of wrist joint (right side) is more restricted.

Fingers: On the left side there is complete deformity. Fingers are in fixed position, without any movements. On right side forcefully extension is possible.

Bony nodules are present over Metacarpophalangeal joints as well as proximal interphalangeal joints.

Lower Extremities: -

Swelling of both Knee joints but pain is not mark. Bony nodules on both side of lower extremities on both Toes as well as on Metatarsophalangeal joints.

**Investigations:**

Rheumatoid factor test: Positive.

Radiological investigations:

Soft tissue swelling: present.

Erosion at joint margin: Present.

Uniform narrowing of joint space: Present. Deformities: Present.

Synovial fluid analysis:

Appearance: Turbid. Viscosity: Decreased. Mucin clot: Poor.

Leucocytes count: 8,000 per cu mm.

**Diagnosis of the disease:** Rheumatoid arthritis

Started at early age Visible deformities.

Gradually progressive Positive R.F. test.

Painful joints Positive investigations.

Restricted movements

**Diagnosis of phase of Disease:** Chronic fully developed.

**Diagnosis of Patient as a Person:**

| Chronology              | Key words                      | Physical                          | Feelings                                      | Behavior                               | Interpretation                               |
|-------------------------|--------------------------------|-----------------------------------|---|--|--|
| Childhood               | Demands                        |                                   | Understood position of family                 | Never demanded anything unusual        | Good self understanding. Desires suppressed. |
| During School – College | Going at school and college    | Painful physical movements        | Inferior                                      | Covers affected parts with her clothes | Inferiority complex                          |
| Adulthood               | After marriage of her brother  | Complains increased               | Feels bad                                     | No good relations                      | Forsaken feelings                            |
| Before 11 years         | Cancer of Breast to her mother | Pain was there but no deformities | Feels insecure, tense, fear of responsibility | Took care of her mother                | Insecure<br>Dependent                        |
| Before 4 years          | Joined PARIVAR                 | Better in complaints              | Hopeful                                       | Positive approach                      | Religiousness<br>Complains<br>Occupation     |

**Diagnosis of Miasms:****Dominant Miasm:**

System in which disease is active: Locomotor System.

Location of disease: Small as well as big joints.

Speed: Moderate

Affected parts: Joints.

Affected Functions: Movements

Expression of affected parts: Pain.

Pathological changes: Degeneration.

**Dominant miasm:** Syphilis.

**Fundamental Miasm:**

| No | Family History            | Psora | Sycosis | Syphilis |
|----|---------------------------|-------|---------|----------|
| 2. | Mother – Cancer of Breast |       |         | +        |
|    | Father - Similar trouble  |       | +       |          |
| 3. | Brother - Spondylitis     |       | +       |          |
|    | - Epilepsy                |       |         | +        |
| 4. | Grand Mother - Arthritis  |       | +       |          |
| 5. | Nani - Diabetes           | +     |         | +        |
| 6. | Recurrent Malaria         |       | +       |          |

**Fundamental Miasm: Mixed Miasmatic****Susceptibility:**

1. General level: High
2. Mental level: High
3. Physical level: Low
4. Immunity level: Low
5. Tissue level: Low.

**Comment:** On the Basis of this history and miasmatic analysis reportorial totality was formed. As a result of final differentiation with the help of knowledge of materia medica Calcarea carb was given to the patient as an indicated medicine. Because of irreversible pathological changes it, gradual progress and moderate susceptibility it was advisable to start with medium potency. Because remarkable mental symptoms as well as physical generals and particular reportORIZATION was done with the help of Kent repertory.

**Follow Up Table:**

| Date    | Condition  | Observation/ Interpretation.   | Prescription.                            |
|---------|--|--|--|
| 2-7-22  | 1. Pain in joints.<br>2 Rising the arm above shoulder was difficult.<br>3.Cloudy weather aggravates.<br>4.Desire for sour.<br>5.Winter aggravate.<br>6.Backache before menses.<br>7. Suppression of desires.<br>8.Insecure feeling.<br>9.Isolated feeling. | 1.Chronic disease condition.<br>2. Gradual onset.<br>3.Gradual progress.<br>4.Moderate susceptibility.<br>5.Irreversible pathological changes. | 1. Calcarea carb 200<br>B.D. for 7 days. |
| 10-7-22 | 1.Felt as if no change was there.  | 1.Status quo.  | 1. S.L. B.D. for 7 days.                 |
| 17-7-22 | 1.Better in joint pain.  | 1.Short time amelioration.   | 1.S.L. B.D. for 7 days.                  |
| 24-7-22 | 1.Felt as if no change further.  | 1.Short time amelioration.   | 1.Calcarea carb 200<br>B.D. for 7 days.  |
| 1-8-22  | 1.Felt better in general.  | 1.Short time amelioration.   | 1.S.L. B.D. for 7 days.                  |
| 9-8-22  | 1.Because of heavy weight lifting she had pain in back.  | 1.Acute manifestation.   | 1.Rhus Tox 200 B.D.<br>for 7 days.       |

|         |  |                                   |                                      |
|---------|--|-----------------------------------|--------------------------------------|
| 16-8-22 | 1.Felt better in back pain.            | 1.Removal of acute manifestation. | 1. S.L. B.D. for 7 days.             |
| 23-8-22 | 1.Again old complains were reappeared. | 1.Removal of acute manifestation. | 1.Calcareo carb 200 B.D. for 7 days. |
| 1-9-22  | 1. Felt better in joint pain.          | 1. Palliation.                    | 1. S.L. B.D. for 7 days.             |

**Result:** Patient was getting temporary relief with the help of given indicated medicine in her irreversible pathological changes.

### CASE No. 2

I.P.D. Case: 317

Name: SBP

Age: 45 years

Sex: Female

Education: 10<sup>th</sup> std. Pass

Marital status: Married

Religion: Muslim

Occupation: Housewife

Address: Ahmedabad

### History Of Present Illness:

Patient was well before 20 yrs. without any cause before 20 yrs pain in joints was started. At that time pain was not fixed to a particular. It was shifting in nature. Affected joints were knee joints, shoulder joints, wrist joints, and finger joints. It was difficult for her to work properly. She was taking pain killer but after the effect of it again pain was increased. Gradually deformities of right metacarpophalangeal joints were developed. Fingers were in flexed position. For this she had also taken Ayurvedic medicines. At there massage was given. She felt better by it. She was again turned towards Allopathic medicines to get relief of pain. As a result of this intensity of pain was increased. She was not able to do her routine work stiffness of all joints were there. She was not able to walk at this position she came to take Homoeopathic treatment after taking she felt better by it, then she left it before 4 yrs. She had developed skin eruption on dorsum of both feet, on dorsum of both hands. Severe itching was there, sticky watery discharge from it, color of skin was blackish. There was no H/O bleeding. She had to scratch with the help of some hard things, which causes burning. She was taking Allopathic treatment for it. She was given external application for it. Later on it was disappeared from it and also relief from joint pain.

Before five months again skin eruption were appeared at the same site. Again she took Allopathic treatment for it in the form of external applications and tablets. As a result of this pain was again increased.

At present patient has a trouble skin complaint since last one month. Affected areas are dorsum of foot and dorsum of palm. Blackish discoloration of skin is there. Severe itching, scratching causes watery, sticky discharges. Pain in knee joints, wrist joints, shoulder joints, interphalangeal joints. Difficult to sit in squatting position for long time. Difficult to catch something in hand. Routine activities are difficult. Flexion of joint is difficult. Occasionally pain causes weeping. Pain is aggravated in winter, Cloudy weather, Sour things, direct fanning, Covering. Ameliorated by covering, hot application.

### Patient as a person:

Walking: Slow

Behavior: Normal

Movements: Slow, restricted

Mark irritability during history taking.

### Physiological functions:

Desires: Drinks - ice-cold

Food – salty, spicy, non.veg. - Fish but it aggravates skin complaints.

Addiction: Tobacco – chewing since last 20 yrs. twice in a day.

Appetite: diminished since one week

Thirst: ½ glass at the interval of ½ hour.

Bowel: Once in a day morning.

Thermic reaction: Ambithermal patient

Reproductive system: Menopausal age since 4 yrs.



### **General Modalities:**

< by winter, cloudy weather, eating sour, direct fanning

> by covering, hot application

### **LIFE SPACE:**

Pt was born at Ahmedabad. There were 3 elder brothers and 4 elder sisters in family. As she was the youngest one. She was naturally very pampered; whatever was demanded was given to her. She tells, "I was fully satisfied because I got everything whatever I want". Not only that if anything was brought it was first given to her. It was divided by her for her other brothers and sisters. She says, "I like that". The street in which she was living was of mix community people, even then she took part in "GARBAS" arranged by Hindus. She also won the prize for it.

"I was irritable during my child hood. Whenever I got angry, I throw the things whatever I had". Education was not possible for her to take because her brother didn't allow it. During her child hood, marriage of her brother was done. Because of nature of her BHABHI her brother separated from his family so, patient feels very bed about it.

As the age advance her marriage was also done. At that time she was 18 yrs. Old. Her husband initially was doing service outside. She was alone. Her husband came every 2 to 3 months. But after that he shifted. Because of his outside job he had habit of taking drinks, not only that he was fond of eating also. She had never tried to oppose it because it was known to her that it was due to contact of such bad persons. She always told to her husband that if you want to drink then drink in front of me. She was very conscious about what the other people will think about her family.

When she was telling about her nature she told that once upon a time on some contradiction she was so impulsive that she had stabbed her son with knife. Once upon a time when she was at her neighbor's house for MAIYAT and her younger daughter came there. Only she looked at her and she went away. After this a time came when there was death of her mother. She told that it was the time when she cried. Before that she never cried in that way. She felt very bad. She went in to shock and remained unconscious for about 2 hrs. After that time her nature was changed. After 4 days of death all brothers and sisters were sit to gather and under her observation all things were divided.

Before 5 yrs. back husband had heart attack. She was very much upset. She took care of her husband. After this she had changed her nature. According to her, her husband has very mild, sensitive nature. Even slightest change in body he can't tolerate. Now he has left his all bad habits. Before 3 yrs. there was marriage of her son. Her daughter-in-law was very independent minded. She was not interested in doing her housework. She never obeys patient's instructions. She didn't like it. All the time she thought that if she behaves in this way what other people will think about our family. Mother of Daughter-in-law had cancer. She was not ready to serve her. She thinks, "If she is not going to serve her own mother how can she serve me?" After all this her son was separated from family. At that time she had that feeling for her son but because of her dominating nature had covered it. At present she says I don't want to talk about my son. Whenever we asked questions regarding her son a feeling of mother can be seen in her eyes. Tears came but again she wanted to show that I don't have any feelings for my son.

### **Family History:**

Father: Died 7 - 8 yrs. before – Tuberculosis

Mother: Died 5 yrs. before – Heart attack

Brothers: 3 elder -  
1. Died –injury  
2. Died – before her birth  
3. Alive- healthy

Sisters: 4 elder – all are healthy

Daughters: 2 –  
1. 12<sup>th</sup> science – healthy  
2. B.A. - healthy

Son: Healthy

Husband: Alive and healthy

### **Past History:**

At the age of 10 yrs. – Recurrent boils over entire body

At the age of 10 yrs. – Recurrent conjunctivitis  
 At the age of 40 yrs. – Typhoid fever

**Physical examination:**

Pulse: 82 / min.

BP: 120 / 80 MM Hg

Extremities:

Pain in all joints, moderate deformities,  
 Restricted movements of joints

**Systemic Examination:**

Locomotor System:

Inspection:

Visible deformities are there on right as well as left side of fingers

Difficulty in holding any thing

Eruption on dorsum of both palms

Difficulties in movements of fingers

Palpation:

There is tenderness of shoulder joints, finger joints as well as of both knee joints

Swelling is marked of both knee joints but can feel only by palpation

Restricted movements of fingers. They are especially more on right side. They are in flexed position.

Pain in both elbow joints. Raising of hands above head is painful. There is no pain during walking and while sitting on floor.

**Investigations:**

1. R. A. Test - Positive

**Diagnosis of disease:** Rheumatoid Arthritis

Started at early age

All large and small joints are affected

Gradual development of deformities

Restricted movements

Painful joints

R. A. Test - Positive

**Diagnosis of phase of disease:** Chronic disease – Fully developed

**Diagnosis of Patient as a person**

| Stage of life | Keyword                                       | Feelings      | Behaviour  | Interpretation                 | Attribute                              |
|---------------|---|---------------|--|--------------------------------|--|
| Childhood     | When demands anything                         | Satisfaction  | Good   | Egoistic                       | Egoistic                               |
| Childhood     | Brother's marriage and separation from family | Feels unhappy | Ignorance of her brother                                       | Indifference                   |  |
| Adulthood     | Her son didn't obey her instruction           | Feels angry   | Stabbed her son with knife                                     | Violent anger<br>Dominant      | Dominating<br>Selfish<br>Violent anger |
| Adulthood     | After her mother's death                      | Sadness       | Unconscious for two hours<br>Weeps first time<br>Nature change |                                |  |
| Adulthood     | Heart attack of her husband                   | Insecurity    | Care full for her husband                                      | Insecurity<br>Anger suppressed |  |
| Marriage life | Son's marriage, separation                    | Insecurity    | Separated her son  | Egoistic<br>Dominating         |  |

**Dominant Miasm:**

Affected system: Locomotor

Other affected system: Skin

Pace of disease development: Slow

Pathological changes: Progressive degeneration

Affected functions: Restricted movements

**Dominant Miasm:** Syphilis**Fundamental Miasm:**

| No | History                                    | Psora | Sycosis | Syphilis |
|----|--|-------|---------|----------|
| 1. | FATHER: Tuberculosis                       | +     | +       | +        |
| 2. | Mother: Heart expansion                    |       | +       |          |
| 3. | Sister: Skin eruption                      | +     |         |          |
| 4. | Recurrent boils in past with yellowish pus |       | +       |          |
| 5. | Typhoid                                    |       | +       |          |
| 6. | Miscarriage                                |       |         | +        |

**Fundamental Miasm:** Sycosis**Susceptibility:**

General level: High.

Mental level: High

Physical level: Moderate

Immunity level: High

Tissue level: Moderate

**Comments:** On the basis of this history and miasmatic analysis reportorization was done. Because of prominent mental symptoms as well as physicals it was advisable to use Kent repertory. As in this case irreversible pathological changes were taken place it was advisable to start the treatment with medium potency.

**Follow Up Table:**

| Date    | Condition  | Observation/Interpretation  | Prescription.   |
|---------|--|---|---|
| 28-2-23 | 1. Pain in small joints.<br>2. Feverish feeling in side the body.<br>3. Difficult movements of joints. | 1. Gradual onset.<br>2. Gradual progress.<br>3. Moderate susceptibility.<br>4. Irreversible pathological changes. | 1. Arsenic-album 200 B.D. for 7 days.                     |
| 7-3-23  | 1. Better in general.  | 1. Amelioration in general.   | 1. S.L. B.D. for 15 days.                                 |
| 22-3-23 | 1. Felt as if no change was there.   | 1. Status quo.  | 1. S.L. B.D. for 7 days.                                  |
| 29-3-23 | 1. Felt as if no change was there.   | 1. Status quo.  | 1. Arsenic-album 200 B.D. for 7 days.                     |
| 5-4-23  | 1. Felt as if no change was there.   | 1. Status quo.  | 1. S.L. B.D. for 7 Days.                                  |
| 12-4-23 | 1. Felt as if no change was there.   | 1. Status quo.  | 1. Arsenic-album 1M one dose.<br>2. S.L. B.D. for 7 days. |
| 19-7-23 | 1. Mental sense of well-being.   | 1 Amelioration.   | 1. S.L. B.D. for 7 days.                                  |
| 26-7-23 | 1. General sense of well being.  | 1. Amelioration in general.   | 1. S.L. B.D. for 7 days.                                  |
| 3-8-23  | 1 Felt as if no change was there.  | 1. Status quo.  | 1. Arsenic-album 1M One dose.<br>2. S.L. B.D. for 7 days. |

**Result:** Patient was getting relief in her suffering with the help of given indicated medicine. Medicine was working as a palliative in this case.