OSTEOARTHRITIS KNEE MANAGED WITH HOMOEOPATHY- A CASE REPORT

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ABSTRACT

Osteoarthritis of the knee is a leading cause of disability worldwide. Homoeopathy offers individualized treatment based on symptom totality. A 55-year-old female presented with bilateral knee pain, stiffness, and aggravation on motion. Case was Repertorized using Synthesis Repertory, with emphasis on the rubric "knee pain." Rhus Toxicodendron 200C was prescribed. Outcome was assessed using the WOMAC pain scale at base line and follow-up.

The patient showed a 24-point reduction in WOMAC score over 3 months, with improved mobility and reduced stiffness. This case demonstrates the clinical utility of the rubric "knee pain" in Synthesis Repertory and supports individualized homoeopathic intervention in osteoarthritis knee.

KEYWORDS: Osteoarthritis, WOMAC Scale, Synthesis repertory

INTRODUCTION

Knee osteoarthritis, also known as degenerative joint disease, often stems from gradual articular cartilage loss with wear and tear. Older people are affected more. Risk factors include genetics as well as female sex, past trauma, advancing age, also obesity. Joint pain is osteoarthritis most common symptoms. Pain gets worse through activity, especially subsequent to rest that has been named as the gelling phenomenon. In osteoarthritis, morning stiffness typically can occur,

lasting for under 30 minutes. Most commonly, the joints affected are the hands, knees, hips with the spine. Almost any joint can be involved though[1].

Knee osteoarthritis are two types, primary and secondary.

Primary osteoarthritis shows articular degeneration in the absence of an obvious underlying cause.

Secondary osteoarthritis results at a time in which either an abnormal concentration of force acts across the joint such as with post traumatic causes or articular cartilage is abnormal similar to that found in rheumatoid arthritis[2].

MATERIALS AND METHODOLOGY

A case of Osteoarthritis was registered in the Out-patient department (O.P.D). Case taking and thorough examination was done as per the homoeopathic case recording guidelines. Selection of medicine was based on synthesis repertory and final reference to Materia Medica. Follow-ups were recorded in the case sheet and documentation was evidenced with WOMAC score of the patient. This case was a part of my postgraduate dissertation submitted to The Tamil Nadu MGR University

CASE PRESENTATION

Patient details:

- Age: 55 years
- Gender: Female
- Occupation: Housewife
- Chief complaints: Bilateral knee pain for 2 years, stiffness after rest, aggravation on motion, difficulty climbing stairs.

Past history: No trauma; gradual onset.

Family history: Positive for osteoarthritis.

CLINICAL DIAGNOSIS:

OSTEOARTHRITIS

PHYSICAL EXAMINATION:

Weight: 60 Kg

Pulse:69 beats/min

BP : 120/80 mm hg

SYSTEMIC EXAMINATION:

RS: Normal vesicular breathing sounds heard all over the lung fields.

CVS: S1S2 heart sounds heard on all 4 cardiac areas. No cardiac murmur heard

GIT: Normal bowel sounds heard

Knee Examination :

- Tenderness over medial joint line
- Crepitus on movement
- Restricted flexion
- No effusion

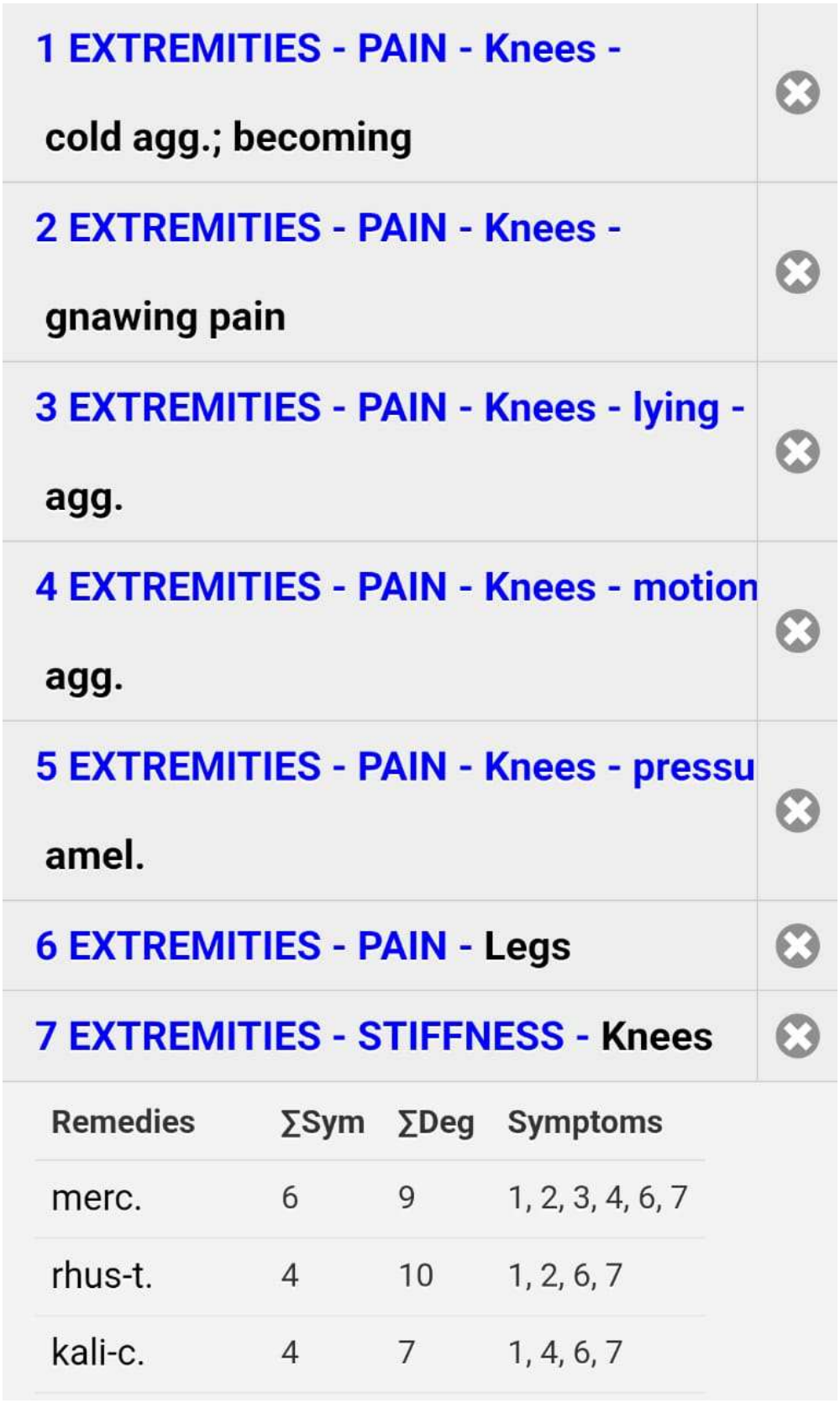
SYMPTOMS OF THE CASE

Bilateral knee pain for 2 years, stiffness after rest, aggravation on motion, difficulty climbing stairs[4].

Baseline WOMAC score: 72/96

Rubrics selected:[3]

- Extremities – Pain – Knee – Motion agg
- Extremities – Stiffness – Knee
- Extremities – Pain – Legs
- Extremities – Pain – knee- becoming cold agg
- Extremities – Pain – Knee – Gnawing pain
- Extremities – Pain – Knee – lying agg
- Extremities – Pain – Knee – pressure amelioration



Prescription: RHUS TOXICODENDRON 200C, single dose, followed by placebo. **Follow-up:** Every 14 days for 3 months.

RESULTS

- **Month 1:** Pain reduced, stiffness less pronounced. WOMAC score: 58.
- **Month 2:** Improved mobility, able to climb stairs with less discomfort. WOMAC score: 52.
- **Month 3:** Significant improvement in pain and function. WOMAC score: 48.
- **Total reduction:** 24 points.

Table 1. WOMAC Score Progression

Timepoint	WOMAC Score	Change from Baseline
Baseline	72	–
Month 1	58	-14
Month 2	52	-20
Month 3	48	-24

DISCUSSION

This case highlights the clinical relevance of the rubric "knee pain" in Synthesis Repertory. Rhus toxicodendron was indicated due to aggravation from motion and morning stiffness, consistent with materia medica descriptions.

The observed reduction in WOMAC score aligns with previous studies demonstrating homoeopathy's role in OA management. While single-case evidence is limited, it contributes to cumulative validation of repertory rubrics.

In the present case, Rhus Toxicodendron 200C was prescribed based on the characteristic bilateral knee pain for 2 years, stiffness after rest, aggravation on motion and difficulty in climbing stairs. These characteristic features were prominent in the present case and guided the selection of the remedy.

STRENGTHS:

- Standardized case recording
- Objective WOMAC scoring
- Clear rubric-based prescription

LIMITATIONS:

- Single case; findings not generalizable
- Placebo effect cannot be excluded
- Short follow-up duration

CONCLUSION

This case report describes the clinical outcome of an individualized homoeopathic intervention in a patient with Osteoarthritis. Prescription of Rhus toxicodendron 200C, based on characteristic presenting symptoms, was associated with marked improvement in arthritis complaints and overall well-being, without the use of conventional medication. The temporal relationship between remedy administration and symptom resolution suggests a possible therapeutic role of Rhus Toxicodendron in the management of Osteoarthritis.

As this report represents a single clinical observation, causal inference cannot be established. Further well-designed clinical studies and systematic case series following standardized reporting guidelines are required to evaluate the effectiveness and reproducibility of homoeopathic treatment in Osteoarthritis. Nonetheless, this case adds to the existing clinical documentation of individualized homoeopathic care in arthritic conditions.

REFERENCES

1. Sinusas K. Osteoarthritis: diagnosis and treatment. Am Fam Physician. 2012;85(1):49–56.

2. Hsu H, Siwiec RM. Knee osteoarthritis. 2018;

3. Schroyens F. Synthesis Repertory. 9th ed. London: Homeopathic Book Publishers; 2004.

4. Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2010.