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Homoeopathic rare remedies for osteoarthritis of knee joint

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ABSTRACT

The 2nd most common rheumatological problem and most frequent joint disease is osteoarthritis. The prevalence of osteoarthritis in India ranges from 22% to 39%. OA is more common in females than males and its prevalence increases with advanced age. As per the literature available osteoarthritis of the knee joint is mostly seen in the population. Various complementary and alternative therapy is open to the patients to choose the best for themselves. There are side effects seen with NSAID's thus patients are moving towards modalities in CAM. The homeopathic system of medicine has remedies that are already proven on human beings having no side effects to the patients, yet are effective. Homoeopathy offers a great chance for patients suffering from the pain, stiffness and limitation in daily activities. This particular article is listed with a few rare homoeopathic remedies indicated in homoeopathic materia medica for osteoarthritis like Angustura vera, Argemone Mexicana, Formica rufa, Jacaranda Caroba, Osteoarthritic Nosode, Salicylic acid, Slag.

Keywords: osteoarthritis of knee joint, CAM, Homoeopathy, rare remedies.

INTRODUCTION AND BACKGROUND

According to the Subcommittee on Osteoarthritis of the American College of Rheumatology Diagnostic and Therapeutic Criteria Committee osteoarthritis is defined as, A heterogeneous group of conditions leading to joint symptoms and signs which are associated with defective integrity of articular cartilage, along with changes in the underlying bone at the joint margins[1] OA is joint failure, a disease in which all structures of the joint have undergone pathologial changes. Pathologically there is

hyaline articular cartilage loss, present in a focal and, initially, non uniform manner. There is increasing thickness and sclerosis of the subchondral bony plate, by presence of osteophytes at the joint margin, by stretching of the articular capsule, by mild synovitis in many affected joints, and by weakness of muscles bridging the joint. In knees, the meniscal degeneration is part of the disease. There are numerous pathways that lead to joint failure, but the initial step is often joint injury in the setting of a failure of protective mechanisms.[2]

Macroscopically the normal hyaline cartilage is white to yellow coating the articulating surface. The synovial fluid gives the joint the property of sliding.

Microscopically the hyaline cartilage is evenly stained collagen and proteoglycans rich extra cell matrix with sparsely distributed chondrocytes which are surrounded by specialized pericellular matrix forming a biomechanical and biochemical interface between the rigid interterritorial matrix and the cells.

In cases of osteoarthritis macroscopic view, the cartilage is yellow to brownish, soft and swollen. In the early stage, there is roughening whereas in later stages the matrix is lost and there is overt fibrillation until the subchondral plate is seen.

Microscopically the surface shows roughening in the prior stage and fissures and splits and loss of matrix in later stages. There is the destabilization of the collagen network and the matrix is destructed even macroscopically. At the joint margin, there is the formation of osteophytes which could be considered as repair or rather an endogenous repair by the joints which undergo degeneration, which may be a physiologic response to mechanical load. However, to date the molecular mechanism of osteophytes is unknown.[11]

Osteoarthritis is classified into Primary osteoarthritis which is mostly related to aging. As a person ages, the protein composition of cartilage deteriorates and its water content is elevated. In due course, cartilage starts degenerating by exfoliation to form minute crevasses. Total loss of cartilage cushion between joint is observed in advanced cases. Formation of new outgrowth or spurs around the joints which is stimulated by damage to the cartilage. The other type the secondary osteoarthritis is caused by another disease or condition such as obesity, repeated trauma or surgery to the joint structures, abnormal joints at birth (congenital abnormalities), gout, rheumatoid arthritis, diabetes, and other hormone disorders.[3]

In the Global Burden of Disease 2010 study, hip and knee OA was ranked as 11th highest contributor to global disability. [4]

In India osteoarthritis impacts, nearly 80% of the population out of which approximately 20% reported incapability in daily activities and around 11% needed care. Approximately 40% of the population of more than 70 years shows OA, in which nearly 2% have severe knee pain and disability.
In Maharashtra, the prevalence of OA was estimated according to ACR clinical criteria as 10.2%, which was significantly higher among women (11%) than in men (7%) for the 60-79 years age group. Comparison on the basis of gender shows 65.7% vs. 34.3% (approximately 2:1) with female to male ratio.[5] Clinically, Osteoarthritis is characterized by joint pain, tenderness, limitation of movement,

crepitus, occasional effusion, and variable degrees of local inflammation.[1]

Pain around the knee joint is a frequent symptom of osteoarthritis of knee joint. Pain can be continuous or irregular (on / off) which can differ in its degree. problematic symptoms like locking, swelling of the knee are usually observed in OA. All the pain-related dysfunction are commonly exhibited by struggling to perform household activities, trouble while walking or climbing stairs which ultimately leads to decline in quality of life. Knee pain can have sudden onset and can increase gradually or worsen over time. Most common symptoms include stiffness and pain after sitting, after prolonged rest, or in the morning. Gradually at night or during rest pain may occur more persistently. Often pain spreads up with vigorous activity. Joint pain and stiffness when sitting or prolonged rest generally lighten up within half-hour, called gelling.[6]

The diagnosis of osteoarthritis knee joint can usually be made clinically and later confirmed by radiography. The main features that suggest the diagnosis include pain, stiffness, reduced movement, swelling, crepitus, and increased age (unusual before age 40) in the absence of systemic features (such as fever).[7]

There are various classification systems for OA.

The European League Against Rheumatism recommended the use of three symptom i.e. persistent pain, limited morning stiffness, and reduced function and the three signs that are crepitus, restricted range of motion, and bony enlargement for making the diagnosis of knee OA. The more the factors present, the likelihood of having a diagnosis of OA increases. If all the six signs and symptoms are present then the probability of seeing OA on radiographs is 99%.

The other clinical classification criteria most frequently used is the one developed by the American College of Rheumatology. These criteria start with the presence of knee pain plus specific characteristics. for diagnosis the ACR criteria are divided into three categories, mainly clinical, clinical plus radiographic, and lastly clinical plus laboratory as follows:

Clinically: Knee pain for most days of the prior month, in addition to at least three of the following:

1. patients having crepitus on active joint motion
2. patients having morning stiffness less than thirty minutes duration
3. with age older than 50 years
4. with bony enlargement of the knee on examination
5. with bony tenderness of the knee on examination 6. no palpable warmth.

Clinically plus radio-graphically: Knee pain for most days of the prior month, plus radiographic evidence of osteophytes on joint margins in addition to one of the following:

1. Patients having crepitus on active motion
2. Patients having morning stiffness less than thirty minutes duration
3. Patients with age older than 50 years.

Clinically plus laboratory findings: Knee pain for most days of the prior month, in addition to at least five of the following:

1. patients having crepitus on active joint motion
2. patients having morning stiffness less than thirty minutes duration
3. with age older than 50 years
4. with bony tenderness to palpation
5. with bony enlargement
6. no palpable warmth
7. with erythrocyte sedimentation rate below 40 mm per hour
8. rheumatoid factor less than 1:40
9. with synovial fluid consistent with OA (white blood cell count < 2000/µL).[6]

Management of osteoarthritis includes educating the patient about the disease he is suffering from, improving the function and controlling the pain also to slow the process of degeneration and prevent complications. Non Pharmacological treatment includes educating the patient, weight loss, exercise, physical therapy, and knee braces. The medical management includes analgesics, intra-articular steroids, intra-articular hyaluronan. In advanced cases surgery is the last mode of management in the patient.[7]

Homeopathy is a natural, safe and effective treatment option for those suffering from osteoarthritis. This alternative medical system was developed by German physician and chemist Samuel Hahnemann in the 18th century based on the principle of “like cures like” which proposes that a substance taken in small doses can cure symptoms similar to those it causes when ingested in large doses. Homeopathic remedies are prepared from natural substances such as plants, minerals, and animal parts before being diluted many times over before being administered orally or topically. In addition to treating physical symptoms associated with arthritis, homeopathy also takes into account emotional well-being in order to develop an individualized plan that works best for each patient’s specific case allowing them to experience relief from all aspects of their condition.

There is a need for medicines that have good efficacy without having side effects, which have low toxicity to the patients with OA. The homeopathic system of medicine has remedies that are already proven on human beings having no side effects to the patients, yet are effective.

This article focuses on the alternate path for managing osteoarthritis of the knee with homoeopathy. Various trials have been conducted to prove that homoeopathic medicines like Rhus tox, Bryonia alba, Calcarea carb, and many more to have good control over the pain, stiffness and functioning of patients with osteoarthritis of the knee joint. This article has listed a few rare remedies that can be used as specifics according to the symptomatology. These remedies are listed in great homoeopathic materia medica.

METHODOLOGY

A literature review of some rare homoeopathic medicine is made by referring various books of Homoeopathic Materia Medica which are full of observations and clinical experiences.

REMEDIES

Angustura Vera

Common name: Bark Of Galipea Cusparia

Rheumatic and paralytic complaints with great difficulty in walking crackling in all joints

Greatest craving for coffee is a great characteristic symptom

Caries of long bones paralysis tetanus

Stiffness of muscles and joints. Oversensitive

Extremities: Stiffness and tension of muscles and joints. Pain in limbs on walking. Arms tired and heavy. Caries of long bones. Coldness of fingers. Pain in Knees. Cracking in joints. [8]

Argemone Mexicana

Common name: Prickly poppy

Coliky Cramp and spasm of bowel. Painful neuromuscular conditions, preventing sleep. Rheumatic disease associated with bright's disease.

Extremities: Left knee stiff and painful. Feet swollen

Modalities :worse at noon (weakness) [8]

Formica Rufa

Common name: Crushed Live Ants

Extremities

Rheumatic pains; stiffened and contracted joints. Muscles feel strained and torn from their attachment site. Weakness of lower extremities. Paraplegia. Pain in hips. Rheumatism comes on with suddenness and restlessness. Sweat does not relieve. Relief after midnight and from rubbing.[8]

Jacaranda Caroba

Common name: Brazilian Caroba tree

Has a reputation as a remedy in venereal diseases and rheumatism. Morning sickness. The urinary symptoms and sexual symptoms are important. Rheumatic symptoms.

Extremities:

Rheumatic pain in right knee. Weakness of lumbar region. Morning soreness and stiffness of muscles. Gonorrhoeal rheumatism. Itching pimples on hands. Gonorrhoeal and Syphilitic arthritis. [8]

Salicylicum acidum

Common name: Salicylic acid

The symptoms point to its use in rheumatism, dyspepsia, and Meniere's disease. Prostration after influenza; also tinnitus aurium and deafness. Haematuria.

Extremities:

Knees swollen and painful. Acute articular rheumatism; worse, touch and motion, profuse sweat. Pain shifts. Sciatica, burning pain; worse at night. Copious foot-sweat and ill effects were suppressed.[8]

Osteoarthritic Nosode

Common name: Osteoarthritic Nosode

Extremities:

Swelling of the right wrist Pain in the right shoulder. Temporary redness and swelling of the right

shoulder. Redness and swelling of the right forearm. Muscular pain of the right hip. Pain of the tendon achillis. Pain is aggravated by first motion and ameliorated by continuous motion. Aggravated by first movement and at night ameliorated by prolonged movement. [9]

Slag

Common name: Silico-sulpho-calcite of Alumina.

Lower Limb

Pain in both knee-caps, sometimes dull, sometimes aching- (Housemaid's Knee.). Occasional shooting aching through knees; aggravated going upstairs.[10]

DISCUSSION

The 2nd most common rheumatological problem and most frequent joint disease is osteoarthritis. The prevalence of osteoarthritis in India ranges from 22%- 39%. OA is more common in females than compared to males with prevalence increasing with advanced age. As per the literature, available osteoarthritis of the knee joint is mostly seen in the population.[11] As it is a degenerative disease of the joint, complete cure seems not possible but the management of such cases should be the aim of the physician in today's world, various modes of treatment are being opted by the patients for getting relief from symptomatic treatment to surgical or disease-modifying treatment. Various complementary and alternative therapy is open to the patients to choose the best for themselves. There are side effects seen with NSAID's patients are moving towards modalities in CAM. Homoeopathy offers a great chance for patients suffering from the pain stiffness and limitation in daily activities without any side effects and is safe to administer homoeopathy to such patients

CONCLUSION

The benefits of homeopathy have been widely recognized; its use has grown steadily over the past few decades due to its safety record with minimal risk for side effects or complications compared to more conventional treatments such as surgery or drugs.

In conclusion, homeopathy is a safe and effective therapy to treat many illnesses and chronic health conditions, including Osteoarthritis. Homeopathic remedies offer patients an alternative treatment option and can provide symptom relief in a natural way. Although it has been around for hundreds of years, the science behind Homeopathy continues to evolve, offering evidence that homeopathy provides real benefits for modern medical care. With continued research and clinical studies, we can continue to better understand the true impact of the practice and provide safe and effective treatment for osteoarthritis, as well as other ailments.

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