Impact of Homeopathic Treatment in Rheumatoid Arthritis: A Long-term Follow-up Single Case

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KEY WORDS

Rheumatoid arthritis
Visual analogue scale
Pain Catastrophizing Scale
Homeopathy
Case report

ABSTRACT

Rheumatoid arthritis (RA) is a chronic, multisystem, inflammatory autoimmune disease primarily affects symmetrical joints, followed by skin, eyes, heart, kidneys, and lungs. The progression is marked by erosion of cartilage and bone resulting in pain and deformity of joints. Despite the rising number of new medications and treatment regimes, several patients do not attain long-term disease remission, necessitating the development of new therapeutic choices. We present a case of a 48-year-old female presented with pain, swelling and stiffness of different small and big joints of two years duration which later diagnosed as Rheumatoid arthritis (RA) based on The American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) Classification Criteria for Rheumatoid Arthritis. Following thorough clinical evaluation, the case was treated with *Natrum Sulphuricum* and *Thuja Occidentalis* in varied potency at different time points, tailored as per the presentation. Marked improvement was observed in about 10 months of treatment. Outcomes were evaluated through clinical presentation, visual analogue scale for pain (VAS-P) and stiffness (VAS-S), and Pain Catastrophizing Scale (PCS) score measured at various time points. The before -after treatment score in the VAS-P, VAS-S and PCS were 90-0, 90-0 and 36-6, respectively. The change in Serum RA factor was 1375.84 IU/ml to 87.20 IU/ml, and 84 mm/hr to 36 mm/hr in Erythrocyte Sedimentation Rate (ESR), following the treatment. This case illustrates the utility of homoeopathy to treat a RA patient with a very difficult and lengthy clinical history. However, a single case cannot be used to determine the causal attribution, hence an adequately powered randomised clinical trial is recommended.

doi: 10.38205/imcr.030260

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Introduction

Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease that affects the small joints to begin with, progresses to the larger joints, and eventually manifests in skin, eyes, heart, kidneys, and lungs (1). This process involves symmetric inflammation of arthrodial joints that progresses to erosion of cartilage and bone and is quite painful to the patients (2). Moreover, the disease is characterised by morning stiffness lasting more than 30 minutes, weariness, fever, weight loss, sensitive, swollen heated joints, and rheumatoid nodules under the skin. In most of the cases, it begins between the ages of 35 and 60 years with ongoing remissions and exacerbations of the associated symptoms (2). The global prevalence of RA is about 460 per 100,000 population, being two to three times greater occurrence in women than in men (3).

The full proof cure for RA is still lacking, and treatment aims at limiting joint damage, preventing loss of function, and decreasing pain. To date, the inflammation is taken care of by use of non-steroidal anti-inflammatory drugs (NSAIDs), steroids and more recently disease-modifying antirheumatic drugs (DMARDs). NSAIDs relieve the associated stiffness and pain, but have a minimal effect on the disease progression (4). Currently, DMARDs are being used at large due to their ability to effectively reduce disease activity and reduce or delay joint deformities (5). TNF-inhibitor, anti-CD20 antibody, IL-6 receptor antibody, RANKL antibody, and JAK inhibitors are few of the new biological DMARDs that have recently been developed. On the contrary, the prolonged use of NSAIDs can lead to serious gastrointestinal and nephrological toxicity. Some of these NSAIDs have also been linked to increased blood pressure, high risk of congestive heart failure and occurrence of thrombosis (6). Despite the rising number of new medications and treatment regimes, several patients do not attain long-term disease remission, necessitating the development of new therapeutic choices.

In Homeopathy based medicine system, the patients are treated based on the principle of similarity. Owing to the smallness of dose and potentisation, the homeopathic medicines are thought to be safe and unlikely to provoke any severe adverse reactions (7).

This case of a 48-yr-old woman suffering from RA for 2 years, was treated with individualised homeopathic medicines in accordance to the symptoms presented. The treatment was given for about 10 months and clinical outcomes were measured using visual analogue scale for pain (VAS-P)

and stiffness (VAS-S), and Pain Catastrophizing Scale (PCS) score at follow-ups. Ths case report will describe the homoeopathic management of pain and quality of life of a case of long-standing rheumatoid arthritis.

Case presentation

A female patient aged 48-years attended the OPD of National Institute of Homoeopathy, Kolkata with pain, swelling and stiffness of different small and big joints for last 2 years. The pain aggravates typically in the morning, in cold and rainy weather. This articular pain first appeared in left elbow joint and left wrist joint, which gradually involved proximal interphalangeal joint (PIP), metacarpo-phalangeal (MCP) joint, wrist, elbow, ankle and metatarso-phalangeal (MTP) joints of the body. The involvement of joint is symmetrical in nature with severe stiffness and pain in the morning. There was no deformity of any of the joints. She had a history of uterine fibroid for which she had undergone total hysterectomy at the age of 40 years. Her father died of lung cancer and her mother having similar kind of joint complaints. She had addiction of chewing tobacco. She resides in a room which is damp and made up of mud. She had completed vaccinations as per schedule without any residual reactions.

Physical general symptoms

The appearance of patient is flabby, fatty, dark complexion with sunken eyes. She has poor appetite with frequent spells of indigestion for which she takes allopathic medication. The patient has profuse thirst; drinks small quantities of water frequently. Her tongue is dirty, coated white at the base and has halitosis throughout the day. She has strong desire for sweet, sour and meat. She has aversion to milk and intolerance to fish, aquatic vegetables. Especially leafy, aquatic vegetables cause dyspepsia and also increases the articular pain of the patient. The patient also has to hurry for stool early in the morning. The stool usually of mucoid nature and very offensive. The urine is clear, no burning or any difficulty in passing urine. Her sleep is disturbed because of polyarthralgia. Thermally, the patient is chilly and she has tendency to catch cold easily.

Mental general symptoms

The patient is irritable and impulsive. Whenever she gets angry, has a tendency to throw things, abuse others and a strong inclination to commit suicide. She is introverted and does not want to speak. Her memory is good and can recall past events clearly.

Clinical examination

On examination, PIP and wrist joints of both extremities were swollen. There is severe pain and stiffness of elbow, wrist and ankle joints. Power grade of all limbs as assessed by MRC muscle scale was normal. On Visual analogue scale (VAS) for pain and stiffness the score is 90 in each domain. Patient's quality of life is markedly affected by the pain and stiffness, which is assessed by Pain and Catastrophizing Scale and the score is 38.

Diagnosis

Diagnosis was made on clinical symptoms, presenting complaints and on the basis of 2010 ACR/EULAR Classification Criteria for Rheumatoid Arthritis. The patient had high RA factor value (1375.84 IU/ml), ESR: 84 mm/hr, more than 10 joints were involved including small joints like PIP, MCP and wrists and the patient was suffering from almost 2 years; which makes the ACR/EULAR score 9. Clinically, the patient has symmetrical involvement of joints with morning stiffness and pain. The diagnosis comes under *'M06.9 for Rheumatoid Arthritis, unspecified'* in '*International Classification of Diseases-10-CM'* diagnosis code.

Case analysis and selection of remedy

All the symptoms were analysed and evaluated. Based on the totality of symptoms the medicines were prescribed. The remedies which covered most of the symptoms were *Natrum Sulphuricum, Thuja Occidentalis, Sulphur, Medorrhinum* etc. But depending on her impulsiveness, tendency to commit suicide, disinclination to speak, chilliness, intolerance to leafy and aquatic vegetables, damp accommodation, early morning mucoid stool and aggravation of complaints in cold, wet weather, initially, *Natrum Sulphuricum* in Q-potency was prescribed.

Follow-up

We started the treatment with *Natrum Sulphuricum Q1* and continued up to *Natrum Sulphuricum Q16* with gradual improvement of the patient. As the symptom complex changed, *Thuja Occidentalis in Q1* to *Q12* was prescribed. The outcomes were assessed using clinical assessment, Visual Analogue Scale (VAS) for Pain and Stiffness, Pain Catastrophizing Scale for Quality of life, Serum RA factor, and Erythrocyte Sedimentation Rate (ESR) at different visits (Table-1). Patient-rated outcome scores, i.e., VAS-P, VAS-S and PCS are plotted against the consultation time-points (Figure 1).

Discussion

The conventional therapy for an autoimmune disease like Rheumatoid Arthritis has got significant therapeutic limitations and also associated with numerous kinds of adverse effects. In this case, marked clinicopathological improvement of the patient has been noticed. Clinically, this case has showed a favourable progress in the management of the pain and stiffness of joints as well as in the quality of life of the patient suffering from Rheumatoid Arthritis after 2 years of homeopathic treatment and pathologically also there was significant reduction in the serum RA factor value of the patient.

Initially, the patient presented with pain, swelling and stiffness of different small and big joints for last 2 years, which aggravates mainly in the morning, in cold and rainy weather.

Table 1: Follow-up and Intervention

Date	Symptoms	Medicine & Potency	Dosage Details	VAS scale for pain (/100)	VAS scale for pain stiffness (/100)	Pain Catastrophizing Scale (/52)	Laboratory Investigations
Day 1	The patient had pain and swelling of wrists and ankle joints with stiffness of PIP, MCP joints. This Pain and stiffness used to increase in the morning with gradual reduction of the intensity as the day progresses. She had early morning mucoid stool and aggravation of all her complaints in cold, wet weather.	*Natrum Sulphuricum* Q1 and Q2	1 globule of number 10 in 100 ml of aqua dist. Make 16 doses OD for 16 days each (16 × 2 = 32 days).	90	90	38	Serum RA factor: 1375.84 IU/ml (Normal ≤14 IU/ml) ESR: 84 mm/hr
Day 34	Slight improvement in pain in small joints of hand. Stiffness and other complaints are persisting.	*Natrum Sulphuricum* Q2 and Q4	-do-	80	70	35	–
Day 65	Pain much better than before. Impulsiveness and irritability better. other symptoms as before.	*Natrum Sulphuricum* Q5 and Q6	-do-	60	65	30	–
Day 102	Pain in wrist, PIP, DIP is better. Pain in metatarsals is also better than before. Pain in elbow still persisting. Stiffness of joints reduced. Mucoid stool better than before.	*Natrum Sulphuricum* Q7 and Q8	-do-	50	50	28	Serum RA factor: 894.65 IU/ml (Normal ≤14 IU/ml) ESR: 46 mm/hr
Day 145	Marked reduction in pain in small joints of hand with gradual improvement in stiffness of different joints. Steady improvement in mental sphere of patient is also noticed.	*Natrum Sulphuricum* Q9 to Q16	-do-	40	45	20	–
Day 164	Pain elbow and ankle still persisting. Left ankle and elbow are more painful than right. Pain gets worse at rest and during damp weather especially during rainfall. Thermally patient is chilly. There is persistent sleeplessness and frightful dreams especially of dead persons.	*Thuja Occidentalis* Q1 and Q2	-do-	45	30	26	–
Day 192	No improvement in pain and stiffness. Sleep is better than before.	*Thuja Occidentalis* Q3 and Q4	-do-	45	30	22	–
Day 216	Pain in ankle better than before. Pain in elbow still persisting. Patient in general feeling better.	*Thuja Occidentalis* Q5 and Q6	-do-	40	30	15	–
Day 247	Pain and stiffness improved markedly. There is no swelling in joints. Patient can pursue her day-to-day activities without any pain.	*Thuja Occidentalis* Q7 and Q8	-do-	20	15	9	–
Day 264	Marked reduction of pain and stiffness in joints.	*Thuja Occidentalis* Q9 and Q10	-do-	10	10	12	Serum RA factor: 87.20 IU/ml (Normal ≤14 IU/ml) ESR: 36 mm/hr

(*Continued*)

Table 1: (*Continued*)

Date	Symptoms	Medicine & Potency	Dosage Details	VAS scale for pain (/100)	VAS scale for pain stiffness (/100)	Pain Catastrophizing Scale (/52)	Laboratory Investigations
Day 292	No residual symptoms of arthralgia as such.	*Thuja Occidentalis* Q11 and Q12	100 ml of distilled water. One teaspoonful in the morning without stroke.	0	0	6	–
Day 326 up to Day 456	No residual symptoms of arthralgia as such. Very occasional experience of pain and movement difficulty	No medication	-do-	0	0	Varied between 6 and 12	–

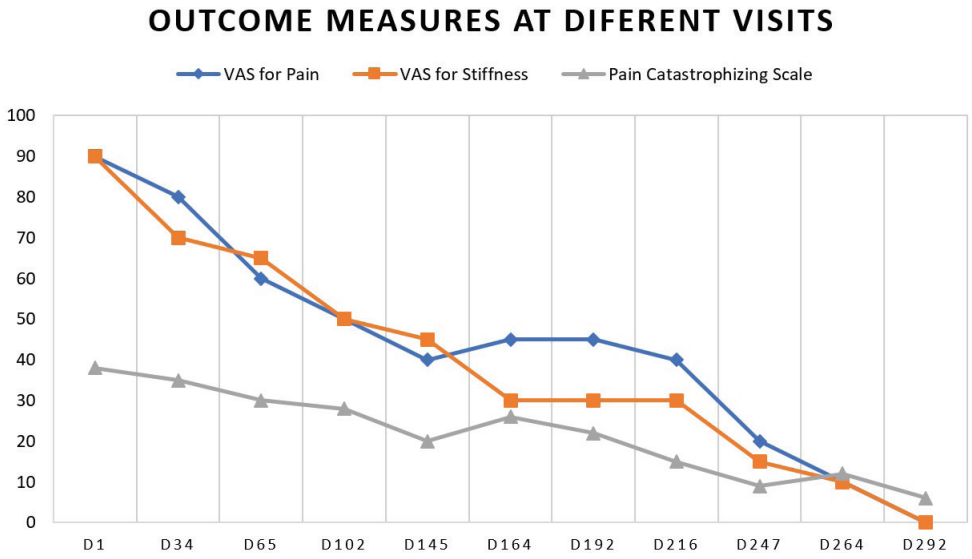

Figure 1: Changes in Patient-reported Outcomes (VAS-P, VAS-S and PCS) at Various Time Points

After evaluating all her symptoms and depending on the totality of symptoms Natrum Sulphuricum was prescribed. After prescription of *Natrum Sulphuricum*, the pain and stiffness of joints were reduced slightly. As the medicine was repeated in increasing potency the pain, swelling and morning stiffness were reduced significantly with general improvement of the patient. Natrum Sulphuricum was continued up to 0/10. After that symptom totality of the patient changes and Thuja Occidentalis was prescribed in LM potency from 0/1 to 0/10 with gradual marked clinical improvement of the patient. There was also significant reduction of the serum RA factor level from 1375.84 IU/ml to 87.20 IU/ml, and ESR level from 84 mm/hr to 36 mm/hr.

Previously, a randomised trial by Fisher et al. did not find any efficacy of homeopathic treatment in RA over 3 months of treatment (8). Similarly, another study was conducted with 84 patients suffering from RA, concluded that clinically meaningful improvement is associated with Homeopathic consultations but not homeopathic remedies (9). However, in both the trials an important caveat might be the less follow-up duration. In contrast to that, this case report reflects a long duration of follow-up and treatment modality pertaining to the situation and circumstances. In another observational trial, over the course of four months, the disease activity score-28 (DAS-28) and Rheumatoid Arthritis Disease Activity Index (RADAI) scores were dramatically reduced by individualised homoeopathic medicines, suggesting that this treatment was effective (10).

This case demonstrates a favourable management of an autoimmune, inflammatory disease like Rheumatoid Arthritis; although the efficacy of homoeopathic medicines in the treatment of Rheumatoid Arthritis can not be drawn from a single case. Various large-scale studies with sound methodology and large sample size are required to firmly evaluate the

efficacy of homoeopathic system of medicine in the management of Rheumatoid Arthritis.

Conclusion

This case of a patient suffering from Rheumatoid arthritis treated for a long period, reflects a considerable clinic-pathological improvement through individualised homeopathic treatment. The score changed from 90 to 0 in VAS-P, 90 to 0 in VAS-S and 36 to 6 in PCS, the Serum RA factor and ESR came down from 1375.84 IU/ml to 87.20 IU/ml and 84mm/hr to 36 mm/hr, respectively, following the treatment. The complexity of treatment approach and interplay of various clinical outcomes and prescriptions might be a matter of consideration. Causal attribution cannot be drawn from a single case; large scale, multi-centric, adequately powered and designed randomised trial is recommended.

Authors' contribution

SB, SS, MM, TS: Concept/design of the article, and data acquisition; AD: Analysis and interpretation of data for the article, drafted the article and revised it critically for important intellectual content; All the authors have approved the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Informed consent form

Yes.

Source of funding

This work did not receive any external funding.

Conflict of interest

None.

Received Date: 30-05-22; Revised Date: 08-07-22
Accepted Date: 12-07-22

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